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

November 18, 2025

[redacted]
EM RURAL LIVING LLC
[redacted]

RE: THE WYNWOOD HOUSE AT STATE COLLEGE
2360 BERNEL ROAD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23225

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2025, 08/04/2025 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: *THE WYNWOOD HOUSE AT STATE COLLEGE* **License #**: *23225* **License Expiration**: *09/28/2025*

Address: *2360 BERNEL ROAD, STATE COLLEGE, PA 16803*

County: *CENTRE* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EM RURAL LIVING LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *06/08/2015* **Issued By**: *Centre code*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *47* **Waking Staff**: *35*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *07/29/2025*

Inspection Dates and Department Representative

07/29/2025 - On-Site: [redacted]

08/04/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *43*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *43*

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

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

07/29/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/05/2025*

09/09/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/24/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/16/2025*

Inspections / Reviews *(continued)*

09/16/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/30/2025*

11/18/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2025*

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

At 10:00 a.m., the privacy coding document for the licensing inspection summary dated [redacted] was found posted in the front area of the home along with a medication list belonging to a person who did not reside in the home. The documents were unlocked, unattended, and accessible to residents and visitors to the home.

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

Administrator removed the Privacy coding document from the licensing inspection summary dated 11/19/2024 as well as the medication list belonging to a person who does not reside in the home while Department Representative was on site 7/29/2025. Administrator is responsible for fixing the problem. Administrator will audit all Records starting on 9/5/2025 and assure that the privacy coding document for the licensing inspection summary are kept locked, attended and not accessible to residents and visitors to the home. The administrator will oversee to ensure that compliance is being maintained.
POC is complete

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented [redacted] 10/06/2025)

63a - First Aid/CPR Training

2. 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 [redacted], from 9:00 p.m. to 11:30 p.m. 43 residents were present in the home. During this time 0 staff persons were present in the home who were certified in First Aid and CPR.

On [redacted] and [redacted] from 11:30 p.m. to 7:30 a.m. 43 residents were present in the home. During this time, 0 staff persons were present in the home who were certified in First Aid and CPR.

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

On 7/29/2025 at the time of unannounced, annual renewal inspection there was 1 staff that was present for the 43 residents. Staff member Colton Green CPR/FIRST AID TRAINING is attached.

Annual First Aid/CPR training will be conducted on 9/8/2025 at 9am. Training list is attached for the staff that must attend.
Attached is the First Aid/CPR training 2024

63a - First Aid/CPR Training (continued)

Human Resources is responsible for fixing the First Aid/CPR training. Human Resources completed audits on current employees on 7/30/2025. HR will be conducting audits on employee training at the end of every year to ensure all training is completed. Audits for 2025 will start in December of 2025. The administrator will oversee to ensure that compliance is being maintained.
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
Effective immediately the Administrator will ensure that sufficient numbers of staff (1:50 ratio) with the required training and certification are present in the home at all times. The Administrator will review and initial the schedules daily for 3 months to ensure staff are certified in First Aid and CPR at all times. Schedules will be maintained by the home for review upon the Departments request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] 10/06/2025)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan or Safe Management techniques during training year 2024.

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2024.

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

Staff person A training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool. medical evaluation and support plan and Safe Management techniques during training year 2024 was not completed.

Staff person B did receive training on instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the training year 2024 on 3/22/2024. Attached is the training for Staff B

Human Resources is responsible for fixing the Training year of 2024. Human Resources completed audits on current employees on 7/30/2025. HR will be conducting audits on employee training at the end of every year to ensure all training is completed. Audits for 2025 will start in December of 2025. The administrator will oversee to ensure that compliance is being maintained.

65f - Training Topics (continued)

POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: Staff person A will be trained in meeting the needs of the residents as described in the preadmission screening form, assessment tool. medical evaluation, support plan, and safe management techniques. Training will be documented and maintained by the home for review by the Department upon request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)

81b - Resident Personal Equipment

5. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] uses a bedside mobility device for turning and repositioning in bed. The resident's enabler bar was not connected securely to the bed and moved back and forth freely when moved, posing a possible risk of injury.

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

DCS And Maintenance staff securely connected Resident [redacted] enabler bar to the bed and free from back-and-forth movement.
Administrator is responsible for fixing the problem with the enabler bar and assuring the bar is secured properly being free from back-and-forth movement.
Administrator will do a daily (Mon -Fri) starting on 9/5/2025 weekly for 1 month, then monthly for 3 months, while Administration is here, assessment to assure the enabler bar in Resident[redacted] room is securely connected to the bed and free from back-and-forth movement. The administrator will oversee to ensure that compliance is being maintained.

Attached is the daily check list/sign off for mobility bar
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: Effective immediately the Administrator will audit all resident rooms weekly for 3 months to ensure all enabler bars are securely fastened to the bed and covered per FDA requirements. These audits will be documented and maintained for the Department to review upon request.

81b Resident Personal Equipment *(continued)*

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 11/18/2025)

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

Resident [redacted] was observed in bed at approximately 3:09 pm wearing a shirt covered in dried food and multiple brown spots of liquid. Staff of the home confirmed the resident ate lunch at approximately 12:00 pm.

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

On the day of inspection 7/29/2025, Administrator assistant went into Resident [redacted] room and noticed that Resident [redacted] shirt had food on it and went and got DCS to change the shirt. DCS gave Resident [redacted] a complete bed bath, bed change and change of clothes while Department Representatives was still in the building. Department Representatives reentered Resident [redacted] and confirmed Resident [redacted] was in Sanitary conditions.

Administrator is responsible for fixing the problem with assuring the residents are in sanitary condition starting on 9/5/2025. Administrator and Administrator assistant will perform daily walk thru inspections weekly for 1 month, and then monthly for 3 months to assure the residents are in sanitary conditions. The administrator will oversee to ensure that compliance is being maintained.

Attached is the daily room/resident check form that Administrator and Administrator Assistant will use.
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
All staff will be trained in sanitary conditions and meeting the needs of the residents as per their Resident assessment and support plan. This training will be documented and maintained for the Department to review upon request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp *(continued)*

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

On the day of Inspection, 7/29/2025, while Department Representatives was in Resident [redacted] room, resident [redacted] stated [redacted] lamp was not accessible for [redacted] to use. Administrator Assistant moved Resident [redacted] lamp within resident reach to have access to a source of light that can be turned on/off at bedside.

Administrator will observe resident's rooms daily (Mon-Fri) when administration is here starting on 9/5/2025 once a week for a month, and then monthly for 3 months to assure each resident has an operable lamp or other source of lighting that can be turned on at bedside. The administrator will oversee to ensure that compliance is being maintained.

Attached is the Daily Resident Room Check
POC is complete

Licensee's Proposed Overall Completion Date: *09/11/2025*

Implemented [redacted] - 11/18/2025)

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

There was an undated package of leftover ham slices and half of a tomato found in the homes refrigerator.

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

Dietary Staff will label and date all food that is left over starting 9/5/2025.
Dietary Staff will do daily checks weekly for a month, then monthly for 3 month checks to ensure that all food that is left over is dated and labeled starting 9/5/2025. The Dietary director is responsible to mix the problem. The administrator will oversee to ensure that compliance is being maintained.
Attached is the kitchen label and date form
POC is complete

Licensee's Proposed Overall Completion Date: *09/11/2025*

Implemented [redacted] - 10/06/2025)

103g - Storing Food

9. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Tollhouse chocolate chips and a bag of potato chips were found in the home's pantry. Both bags were opened and unsealed.

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

Dietary Staff will seal all opened food in the pantry with food clips and dated when opened. Dietary Director is

103g - Storing Food (continued)

responsible for fixing the problem.
Dietary Staff will do daily checks for a month, then weekly checks for 3 months starting 9/5/2025, to ensure that all opened food in the pantry is sealed with food clips and dated when opened. The administrator will oversee to ensure that compliance is being maintained.

Attached is the kitchen label and date form

POC is complete

Licensee's Proposed Overall Completion Date: *09/11/2025*

Implemented [redacted] - 10/06/2025)

132c - Fire Drill Records

10. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted] at 6:00 a.m. does not include that Resident [redacted] was not evacuated from the home. Interviews were conducted with staff and the resident. The resident was not evacuated however the home documented that all residents who were present in the home were evacuated during the fire drill .

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

During the fire drill on 7/26/2025 at 6:00am, Resident [redacted] was not evacuated due to the staff could not safely transfer the resident. During an emergent situation fire department arrives within minutes that Resident [redacted] could be safely evacuated. Facility also sends a letter with mobility needs to the fire department letting them know that we have residents with mobility needs. Facility has fire safe doors on each hall. The Administration team reached the decision to deliver a 30-day evacuation notice to resident [redacted] for placement in a higher level of care facility starting 9/11/2025. The administration is responsible to fix this problem. The Administrator will oversee to ensure that compliance is being maintained.
Attached is the 30-day notice letter
POC complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
Staff who are responsible for conducting and recording fire drills will be educated in the required documentation of the drill. The training will be documented and maintained by the home. The home will use the Department's model fire drill log to record fire drill information. The log will be completed in its entirety. The administrator or designee will review and initial the fire drill log monthly for 12 months to ensure compliance.

Directed Completion Date: *09/30/2025*

132c - Fire Drill Records *(continued)*

Implemented (- 10/06/2025)

132h - Designated Meeting Place

11. 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

During the fire drill on at 6:00 a.m., Resident did not evacuate to a designated meeting place away from the building or within the fire-safe area. Interviews with staff members confirmed the resident was not evacuated during the fire drill.

Repeat Violation

Plan of Correction ***Directed 09/15/2025)***

***THIS IS NOT A REPEAT VIOLATION FROM NEW LICENSE ***
During the fire drill on 7/26/2025 at 6:00am, Resident was not evacuated due to the staff could not be transferred safely. The administration team made the decision to deliver Resident a 30-day evacuation letter. The evacuation letter will be in effect from 9/11/2025-10-11-2025. The administrator is responsible for fixing the problem. The administrator will oversee to ensure that compliance is being maintained.
Attached is the 30-day evacuation letter
POC complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
Effective immediately all residents will be evacuated during a fire drill. The home will maintain sufficient staffing on all shifts to ensure Resident can be evacuated safely during fire drills or an actual fire event. The Administrator will review and initial the schedules daily to ensure adequate staffing is available to meet Resident s needs in the event of an emergency.

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.

The Administrator will review and initial the fire drill logs monthly for 12 months to ensure all residents are being evacuated. Documentation of the education and the monthly audit of fire drill logs will be kept and available for review by the Department.

Directed Completion Date: *09/30/2025*

Implemented (- 10/06/2025)

182c - Medication Administration

12. Requirements

182c - Medication Administration *(continued)*

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

On [redacted] at 8:00 a.m., the home did not place the medication in the resident's hand for resident [redacted], who requires this assistance to take [redacted] tablets. The medication was left by staff in opened plastic container on a nightstand in the resident's room. The medication was observed on the resident's nightstand at 3:27 p.m.

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

DCS will place the medication in Resident [redacted] hand as ordered by the prescriber and observe that the resident consumes the medication before exiting Resident [redacted] room starting 9/5/2025. The administrator will check resident [redacted] room weekly for a month, then monthly for 3 months starting 9/5/2025. The administrator is responsible for fixing the problem. The administrator will oversee to ensure that compliance is being maintained.
Attached is the OTC/Medication Room check audit form
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
All medication trained staff members will be retrained in the proper steps of medication administration. Effectively immediately the Administrator will interview 3 residents per week for 3 months to ensure medications are being administered as required. These interviews and training will be documented and maintained for the Department to review upon request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)

183b - Meds and Syringes Locked

13. 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] at 3:27 p.m., A [redacted] was found unlocked, unattended, and accessible in Resident [redacted] bedroom. The resident confirmed the medication was left in the room in an unsealed clear plastic container by staff during the 8:00 a.m. medication pass.

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

DCS will observe Resident [redacted] consume all of [redacted] medications. Medications will not be left in Residents [redacted] room and will be kept locked in the original container.

The Administrator is responsible for fixing the problem. The Administrator will do weekly (Mon-Fri) resident room checks for a month, then once a month for 3 months, starting 9/5/2025 to ensure that no medication is found unlocked, unattended, and accessible to the resident. The administrator will oversee to ensure that compliance is being maintained.

183b - Meds and Syringes Locked (continued)

Attached is the daily resident room check

POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: All staff members will be trained in the 55 PA code chapter 2600.183b regulation. The training will be documented and maintained for review upon the Departments request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)

183e - Storing Medications

14. 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] Resident [redacted]'s [redacted] pen did not have a date on it to indicate when it was opened. According to the manufacturer's instructions the medication expires 28 days after opening.

Repeat violation: [redacted]

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

THIS IS NOT A REPEAT VIOLATION FROM NEW LICENSE [redacted]
On the day of Annual Renewal Inspection, Administrator discarded Resident [redacted] unit pen while Department Representative as present.

The Administrator is responsible for fixing the problem. The Administrator will ensure that weekly medication cart audits for a month, the once-a-month cart audits are preformed, starting on 9/5/2025, administrator will ensure that all insulin has a date on it and indicate when the insulin was opened and date that the insulin will expire making sure not to exceed 28 days or the date of expiration. The administrator will oversee to ensure that compliance is being maintained.

Attached is the weekly medication cart audit form
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: All staff members will be trained in the 55 PA code chapter 2600.183e regulation. The training will be documented and maintained for review upon the Departments request.

Directed Completion Date: *09/30/2025*

183e Storing Medications *(continued)*

Implemented [redacted] 11/18/2025)

187a Medication Record

15. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

Description of Violation

Resident[redacted] is prescribed [redacted] on a sliding scale twice daily. However, resident [redacted]s medication administration record does not indicate the units of insulin that were administered to the resident.

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

Resident #5 [redacted] sliding scale is being recorded that indicated the units of insulin. The Administrator is responsible for fixing the problem. The Administrator will do weekly (Mon-Fri) Blood Glucose Audits for Resident #5 for 1 month, the monthly for 3 months, starting 9/5/2025. The Administrator will oversee to ensure that compliance is being maintained.

Administrative team will ensure that insulin units are being recorded
Attached is the Daily Glucometer and Insulin unit recorded form
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: Resident [redacted]'s Medication Administration Record (MAR) will be fixed to include the units of insulin administered. All Residents MARS will be audited to ensure required content. All medication trained staff members will be trained in the 55 PA code chapter2600.187a regulation. The training and audits will be documented and maintained for review upon the Departments request.

Directed Completion Date: *09/30/2025*

Implemented ([redacted] - 10/06/2025)

187b Date/Time of Medication Admin.

16. 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] tablets twice daily at 8:00 a.m. and 8:00 p.m. Resident [redacted]s July 2025 medication administration includes the initials of the staff person who administered the medication on [redacted] at 8:00 a.m. however the medication was not administered to the resident.

Repeat violation: [redacted]

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

Plan of Correction ***Directed (- 09/15/2025)***

***THIS IS NOT A REPEAT VIOLATION FROM*
Medication tablets was administered to the resident. Pharmacy packages 2 tablets in the AM, resident did not take the second and put it back on nightstand.

The Administrator is responsible for fixing the problem. The Administrator will do weekly room checks (Mon-Fri) when administration is here, then Monthly room checks for 3 months. The Administrator did a State Reportable, notified the Doctor and the family that Resident did not that the second Buspirone 5mg.
DCS will ensure that resident takes all of the medication that is to be administered, if resident does not take all of the medication, the medication will be noted refused if resident does not take the second Buspirone 5mg tablet and the Dr will be notified. The administrator will assure weekly room checks (Mon-Fri) while administration is here are being done for 1 month, then monthly for 3 months starting 9/5/2025. The administrator will oversee to ensure that compliance is being maintained.

Attached is the room check form
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: Resident 's twice daily will be packaged separately as ordered. All medication trained staff members will be retrained in the proper steps of medication administration. Effectively immediately the Administrator will observe one medication pass per week on different days and shifts for 3 months to ensure medications are being administered as required. These observations will be documented and maintained for the Department to review upon request.

Directed Completion Date: *09/30/2025*

Implemented - 10/06/2025)

187d - Follow Prescriber's Orders

17. Requirements

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

Description of Violation

Resident is prescribed tablets to be taken daily at 8:00 a.m. and 8:00 p.m. However, resident was not administered the on at 8:00 a.m. The medication was not administered to the resident and was found in the opened plastic packaging on the resident's nightstand at approximately 3:27 p.m.

Repeat violation:

Plan of Correction ***Directed 09/15/2025)***

***THIS IS NOT A REPEAT VIOLATION FROM ***
Resident was administered tablet, but resident did not take the medication and put it back on nightstand.

187d - Follow Prescriber's Orders (continued)

The Administrator is responsible for fixing the problem. DCS will ensure that resident [redacted] takes all of the medication administered before exiting [redacted] room. If resident [redacted] does not take all of the medication that is to be ordered by the Dr at that time, the medication [redacted] does not take will be recorded as refused and Dr will be notified. The administrator will perform weekly room checks for a month, then monthly for 3 months for resident [redacted] starting 9/5/2025. The administrator will oversee to ensure that compliance is being maintained.

Attached is the weekly resident room check form
POC is completed

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: All medication trained staff members will be retrained in the proper steps of medication administration. Effectively immediately the Administrator will observe one medication pass per week on different days and shifts for 3 months to ensure medications are being administered as required. These observations will be documented and maintained for the Department to review upon request.

Directed Completion Date: *09/30/2025*

Implemented ([redacted] - 10/06/2025)

190c - Record of Training

18. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C completed [redacted] and C completed [redacted] does not include the student's signature or date.

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

Medication Administration training record for staff will be completed and will include staff signature and date.

Human Resources is responsible for fixing the problem. Human Resources completed audits on current employees on 7/30/2025. HR will be conducted audits on employee training at the end of every year to ensure all training is complete including signatures and dates. Audits for 2025 will start in December 2025. The Administrator will oversee to ensure that compliance is being maintained.
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
In addition to the above noted plan: Staff person B and C's annual practicum will be fixed to include the staff persons signature. All medication administration training will be audited and corrected for accuracy.

190c Record of Training *(continued)*

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)

227g -Support Plan Signatures

19. 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. The home did not notate that the resident refused or was unable to sign.

Plan of Correction ***Directed [redacted] - 09/16/2025)***

Resident [redacted] Resident Assessment and Support Plan was signed by the Resident's Son [redacted] POA. The home noted on the RASP form that the resident was unable to sign while Department Representative was present on 7/29/2025, the only thing the facility failed to do was check the box that Resident [redacted] was unable to sign.

The Administrator is responsible for fixing the problem. The Administrator will conduct audits every 6 months starting 9/5/2025 to ensure that all RASP have been signed and dated. The Administrator will oversee to ensure that compliance is being maintained.

Attached is the Chart Audit for the Resident
POC is complete

Proposed Overall Completion Date: 09/11/2025

(Directed)
All support plans will be audited and be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept. Documentation of the audit will be kept for review upon the Departments request.

Directed Completion Date: *09/30/2025*

Implemented [redacted] - 10/06/2025)