

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

October 3, 2025

[REDACTED]
MERCY LIFE CENTER CORPORATION

[REDACTED]
ATTN: LICENSING/COMPLIANCE
[REDACTED]

RE: GARDEN VIEW MANOR
441 SWISSVALE AVENUE
PITTSBURGH, PA, 15221
LICENSE/COC#: 44069

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2025, 08/05/2025 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: GARDEN VIEW MANOR License #: 44069 License Expiration: 05/27/2026
 Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: MERCY LIFE CENTER CORPORATION
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/17/1999 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/05/2025

Inspection Dates and Department Representative

08/04/2025 - On-Site: [REDACTED]
 08/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 56 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 52 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 55 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

08/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2025

09/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/01/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

Inspections / Reviews *(continued)*

09/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/02/2025

10/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] support plan dated [REDACTED], included a diagnosis of [REDACTED], and indicated direct care staff to encourage Resident [REDACTED] to consider compression treatment as primary care physician recommended and monitored. Direct care staff to report any concerns to primary care physician. Primary care physician will monitor with appointments. Resident [REDACTED]'s condition is stable at this time. However, on [REDACTED] it was reported in an email to the physician that Resident [REDACTED]'s legs are looking worse and continue to have a foul and persistent odor. On [REDACTED] emergency medical treatment under section [REDACTED] was made on Resident [REDACTED]'s behalf due to [REDACTED] refusal of wound care and [REDACTED] lack of ability to care for [REDACTED]. There was no indication that the staff was monitoring the [REDACTED] [REDACTED] and treating or caring for the wounds prior to the [REDACTED] petition. There was no documentation of staff monitoring resident#3's wound or wound care until [REDACTED]. On [REDACTED] emergency medical treatment under section [REDACTED] was made on Resident [REDACTED]'s behalf. [REDACTED] documents indicated "Resident [REDACTED] is truly in need of medical attention due to the severe yellowish green peeling skin on lower legs along with extreme foul odor that is taking over each area (Resident [REDACTED] is/has appeared. Staff as well as residents have been making inquiries and concerns. Foul odor w/increase of swelling and black/green content."

On [REDACTED] at approximately 1:35 a.m., Resident [REDACTED] did telephone staff requesting assistance with locating [REDACTED] nose canula for [REDACTED] oxygen that [REDACTED] is required to have at nighttime for [REDACTED]. The staff refused to help Resident [REDACTED] informing Resident [REDACTED] it was their responsibility to locate the nose canula and that Resident [REDACTED] would have to wait until 8:00 a.m., when housekeeping arrived and they would assist Resident [REDACTED]. No assistance was provided to Resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/26/2025)

Plan of Correction: 42b- Abuse

- On 8/5/25 during the DHS site visit, the on-site nurse provided documentation of emails dated 4/28/25 and 6/26/25 from herself and Direct Care Staff showing communication with Resident [REDACTED]'s physician indicating Resident [REDACTED]'s legs worsening condition and requesting direction. However, there was no documentation of the monitoring, ongoing care, attempts at care, assistance and interventions being provided by the home in the electronic medical record (Avatar).
- On 9/11/25 Garden View PCHA, Supervisors and Team Lead provided a tasks and resident assistance procedures (people checks and entering resident rooms) and electronic medical record documentation (Avatar) expectations training to ensure proper care is being provided to the residents and to clarify staff responsibilities with the examples of no documentation on Resident [REDACTED]'s care or attempts at care and related to Resident [REDACTED] being told staff could not help [REDACTED] find [REDACTED] nose canula. This training also included a review of DME and Support Plan/RASP, including purpose, where, when and how to check that DME and RASP match as well as all items are completed, and location of DME and RASP in charts and on the computer.
- On 9/11/25 Garden View PCHA, Supervisors and Team Lead provided a review of Regulation 2600.42b – Abuse: A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. All staff were reminded that failure to assist residents is considered neglect. Garden View affirms that residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. All staff are required to respond promptly to resident

42b Abuse (continued)

requests for assistance, and failure to do so will result in corrective action.

- On 9/11/25 Garden View PCHA, Supervisors and Medication Administration trainer provided a medication administration oxygen canula and hose connection training to ensure the best possible care is provided to the residents, to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42b.

- On 8/5/25 Garden View leadership developed a monitoring and tracking process with a Bi Weeklies Tracker form to ensure all staff are documenting in the electronic medical record (Avatar) on going monitoring of residents' needs, monitoring, ongoing care provided, attempts to provide care, assistance, interventions and treatment provided, based on their DME and RASP to ensure the best possible care is provided to the residents, to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42b.

- Beginning 9/11/25 Direct Care Staff will document any concerns with residents, contacts made, interventions and/or treatment provided on the day of the event. This documentation will be recorded in the electronic medical record (Avatar). Garden View PCHA, Supervisors or Team Leads will monitor and review Direct Care Staff documentation and enter any missing significant documentation needed and record this review at least twice a month on the Bi Weeklies Tracker form. The Bi Weeklies Tracker forms will be maintained in the "Tracking Forms" binder in the ground floor supervisor's office.

- On 8/5/25, during the DHS site visit, Garden View PCHA confirmed that Resident ■ had been accepted back into the home on 7/25/25. Since that time, the program has implemented a series of corrective and preventive measures to address the concerns identified during the visit and ensure compliance with applicable regulations, including Regulation 2600.42(b) regarding resident abuse and neglect, and Regulation 2600.65(i) regarding staff training and documentation.

- Since 8/5/25, the current status of Resident ■ is that Resident ■'s medical and wound care needs are now being actively monitored by Direct Care Staff administering medications and the onsite nurses in alignment with the CMHPCH's Medical Examination and Treatment Policy. Prior to the DHS visit, the onsite nurse and Direct Care Staff communicated with Resident ■'s physician regarding concerns about the resident's worsening leg condition, as indicated by emails dated 4/28/25 and 6/26/25. However, at the time of the DHS visit, there was no corresponding documentation in the electronic medical record (Avatar) reflecting staff monitoring, ongoing care, attempts at care, assistance, interventions or assistance being provided by the home. On going monitoring of resident ■'s legs are now indicated on the MAR in the morning and at night to ensure ■ legs are being monitored and documented.

- To prevent a recurrence of the incident, the home's nursing and direct care staff are closely monitoring Resident ■'s cellulitis condition, with particular attention to any open sores on ■ legs and adherence to daily preventative hygiene practices. These checks are being thoroughly documented in the electronic health record (Avatar) and on the Medication Administration Record (MAR). Any changes in the condition of Resident ■'s legs are immediately reported to ■ physician, and appointments are scheduled as needed or as directed by the physician. In the event of significant changes or the need for additional care, direct care staff or the nurse will promptly schedule an urgent appointment with the physician, ensuring that any recommended treatments are coordinated. This may include arranging home health nursing services or referrals to a Skilled Nursing Facility, as necessary. Staff are also actively encouraging and assisting Resident ■ in showering and changing ■ clothing and socks daily. This support, along with ■ hygiene related activities, is documented in the electronic health record (Avatar). The outcome of Resident ■ with regards to wound care is that currently, Resident ■ does not present with any open wounds.

- On 9/21/25, the PCHA/Supervisors provided training to medication administration staff and site nurses on the CMHPCH's "Medical Examination and Treatment Policy," the "Nursing Duties List: Wound Care," and the "Wound Care Needs Monitoring" protocol. The training focused on wound care procedures specific to Resident ■ to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42(b). Staff were instructed to observe Resident ■'s legs twice daily (at 8:00 AM and 8:00 PM) for any changes, including signs of skin breakdown or infection, and to assist or encourage daily hygiene for preventative care. These checks are being thoroughly

42b Abuse (continued)

documented in the electronic health record (Avatar) and on the Medication Administration Record (MAR). All concerns are to be reported immediately to the onsite nurse. If the nurse is not on site, staff must report concerns to the supervisor or on call supervisor. The nurse is responsible for assessing the affected area, implementing appropriate wound care interventions (e.g., cleaning, dressing, and monitoring), and documenting all actions taken in the electronic health record (Avatar) and on the Medication Administration Record (MAR). If further medical evaluation or treatment is required, the nurse or the medication administration staff must promptly contact the resident's primary care provider (PCP), follow all instructions provided, and coordinate any necessary care, including arranging for home health nursing or a Skilled Nursing Facility referral, if applicable. The training also included a review of the home's "Medical Examination and Treatment" policy to reinforce procedures for timely reporting, proper documentation, and compliance with applicable regulations. Documentation of education is kept in accordance with Regulation 2600.65(j) and maintained in the staff meeting/training binder in the ground floor supervisor's office.

- On 9/15/25, the PCHA created an interview questionnaire document in order to conduct private interviews with residents on an ongoing basis to ensure compliance with Regulation 2600.42(b). The interview questionnaire document includes questions to address Regulation 2600.42b Abuse: A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. All staff were reminded that failure to assist residents is considered neglect. Garden View affirms that residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way.
- On 9/18/25, the interviews of the residents started. Three residents of the home were interviewed by the PCHA. Each week for the next three months, three different residents will be interviewed. After the first three months, starting the week of 12/21/25, three different residents will be interviewed each month on an ongoing basis. The completed interview questionnaire documents will be maintained in the ground floor supervisor's office.
- On 9/17/25, the home's PCHA contacted the Area Agency on Aging (AAA) and spoke to Katie who said that their organization does not provide in person trainings. Therefore, all Direct Care Staff & Nurses will complete the online trainings on abuse prevention and mandatory reporting, provided by the Department of Human Services/Area Agency on Aging (AAA) at https://www.pa.gov/agencies/dhs/report_abuse/adult_protective_services for the "Elder Abuse Awareness" and "Mandatory Reporter Training" by 9/30/25. These trainings cover recognizing, preventing, and reporting all forms of abuse, neglect, intimidation, and mistreatment in accordance with Regulation 2600.42(b). This training will be taken by staff in order to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42b. Documentation of education is kept in accordance with Regulation 2600.65(j) and maintained in the staff training binder in the ground floor supervisor's office.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ██████ - 10/03/2025)

88a - Surfaces**2. 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

On [redacted] at approximately 9:24 a.m., the metal emergency exit door on the ground floor leading to the driveway side of the building across from room [redacted] (Chapel area) would not close unless physically pulled shut.

Plan of Correction

Accept [redacted] - 09/15/2025)

Plan of Correction: 88.a.

- On 8/4/25 during the DHS site visit, the housekeeping supervisor and maintenance supervisor were on site and fixed the emergency exit door on the ground floor leading to the driveway side of the building across from room [redacted] (Chapel area).
- On 9/5/25 Garden View PCHA/Supervisors updated the weekly housekeeping checklist to include ongoing monitoring of all exit doors to confirm that they are operating properly. The housekeeping staff will complete the weekly housekeeping checklist and the housekeeping supervisor will submit the completed weekly housekeeping checklist to the PCHA/Supervisors each week. Garden View PCHA/Supervisors will monitor and review the weekly housekeeping checklist every week to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.88a.
- On 9/11/25 Garden View PCHA, Supervisors and Team Lead provided a review of Regulation 2600.88a Surfaces: Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. All staff were reminded that any malfunctioning door or hazard must be reported to housekeeping, maintenance, or a supervisor immediately.
- Completed housekeeping checklist forms will be maintained in the "Housekeeping" binder in the ground floor supervisor's office.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented [redacted] 10/03/2025)

141a 1-10 Medical Evaluation Information

3. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted]'s medical evaluation, dated [redacted], was blank for the "Special Health or Dietary needs".

Plan of Correction

Accept [redacted] - 09/15/2025)

Plan of Correction: 141a 1 10 Medical Evaluation Information

141a 1 10 Medical Evaluation Information (continued)

- On 9/4/25 on site Nurse reached out to Resident [REDACTED]'s PCP to update Resident [REDACTED]'s DME to indicate the special dietary restrictions.
- On 9/5/25 Resident [REDACTED]'s PCP approved the home's nurse to update the missed dietary needs on the DME for Resident [REDACTED]. On 9/5/25 Resident [REDACTED]'s DME was updated by the home's nurse. Resident [REDACTED]'s chart is now complete with all required medical evaluation information, ensuring accurate care planning and dietary support. The updated DME form was filed in Resident [REDACTED]'s chart.
- On 9/5/25 Garden View PCHA/Supervisors updated the DME/RASP tracker to include an additional double check process for the nurse or Direct Care Staff to review all DME's to verify that all DME sections are completed appropriately.
- Beginning 9/5/25, Garden View PCHA/Supervisors will review and compare all Resident Assessments and Support Plans against the DME on an ongoing basis and document this review for all new or updated resident assessments and support plans. This will be accomplished by pulling and checking varying resident charts each month to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.141a 1 10.
- The documentation of the DME/RASP checks being completed will be documented on the DME/RASP Tracker forms by the PCHA/Supervisors.
- Completed DME/RASP tracker forms will be maintained in the "Nursing" binder in the ground floor supervisor's office.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented [REDACTED] - 10/03/2025)

187b - Date/Time of Medication Admin.

4. 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 2 liters of [REDACTED] at bedtime for COPD. However, on [REDACTED] and [REDACTED], at 8:00 p.m., the oxygen level was not initialed on the medication administration record indicating that it was not checked by any of the staff on those dates.

Plan of Correction

Accept [REDACTED] - 09/15/2025)

Plan of Correction: 187b

- On 9/11/25 Garden View PCHA, Supervisors and Team Lead provided a refresher training on medication administration documentation and medication record checks that includes Lesson 8 "Documentation" from the Commonwealth of Pennsylvania Medication Administration Training Course, and a detailed guide that outlines MAR check procedures to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.187b.
- Beginning 9/5/25, the staff who administer medications and check oxygen levels will have their MARs checked by designated staff immediately after each medication administration. This MAR check will be documented and tracked using the MAR hole record. The staff who check for MAR holes will notify the staff who did not sign the MAR, and that staff goes back and ensures that all medications were administered, and oxygen levels checked and then initials or signs the MAR. The PCHA or Supervisor will meet with any staff who are not initialing the MARS at the time of administration and provide remediation and/or corrective action as appropriate.
- On 9/5/25 Garden View Manor PCHA/Supervisors created a MAR Error Report Tracker form. This form will be used weekly by Team Leads or designated staff to double check that all medications were administered and oxygen

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

levels checked, and that staff did initial and sign the MAR.

- On 8/30/25 Resident [REDACTED] voluntarily moved out of the home to a family member's home, therefore no further documentation for resident [REDACTED] will occur after 8/30/25.
- Completed MAR Error Report Tracker forms will be maintained in the "Tracking Forms" binder in the ground floor supervisor's office.
- At the end of each month completed MARs will be maintained in the individual resident charts in the locked 1st Floor Board Room.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented [REDACTED] - 10/03/2025)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

On [REDACTED] at approximately 3:00 p.m., Resident [REDACTED]'s, oxygen tank distribution level was set to 1.5 liters. As per physician order/prescription dated [REDACTED], [REDACTED] is required overnight or while asleep (2L O2 requirement)."

Plan of Correction

Accept [REDACTED] - 09/15/2025)

Plan of Correction: 187d

- On 8/4/25, staff immediately corrected Resident [REDACTED]'s oxygen setting to 2 liters per physician order and monitored the resident. No adverse effects were noted.
- On 9/11/25 Garden View PCHA, Supervisors and Team Lead provided a training on how to check oxygen levels and a refresher training on medication administration documentation and medication record checks that includes Lesson 8 "Documentation" from the Commonwealth of Pennsylvania Medication Administration Training Course, and a detailed guide that outlines MAR check procedures to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.187d.
- Beginning 9/5/25, the staff who administer medications and check oxygen levels will have their MARs checked by designated staff immediately after each medication administration. This MAR check will be documented and tracked using the MAR hole record. The staff who check for MAR holes will notify the staff who did not sign the MAR, and that staff goes back and ensures that all medications were administered, and oxygen levels checked and then initials or signs the MAR. The PCHA or Supervisor will meet with any staff who are not initialing the MARS at the time of administration and provide remediation and/or corrective action as appropriate.
- On 9/5/25 Garden View Manor PCHA/Supervisors created a MAR Error Report Tracker form. This form will be used weekly by Team Leads or designated staff to double check that all medications were administered and oxygen levels checked, and that staff did initial and sign the MAR.
- On 8/30/25 Resident [REDACTED] voluntarily moved out of the home to a family member's home, therefore no further documentation for resident [REDACTED] will occur after 8/30/25.
- Completed MAR Error Report Tracker forms will be maintained in the "Tracking Forms" binder in the ground floor supervisor's office.
- At the end of each month completed MARs will be maintained in the individual resident charts in the locked 1st Floor Board Room.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented [REDACTED] 10/03/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED], did not indicate if the resident's ability to shop.

Resident [REDACTED]'s, current annual assessment, dated [REDACTED], did not have assessments of numerous personal care needs to include: eating, drinking, transferring in/out of bed/chair, toileting, bladder management, bowel management, ambulating, securing health care, turning and positioning in bed/chair, shopping, using the telephone, using a prosthetic device, aggression, communication of needs, and ability to use and avoid poisonous materials. These sections were left blank. Additionally, resident [REDACTED]'s, medical evaluation, dated [REDACTED], includes diagnoses of [REDACTED] and [REDACTED] however, these diagnoses are not included on Resident [REDACTED]'s annual assessment, dated 9/23/24.

Plan of Correction

Accept [REDACTED] - 09/15/2025)

Plan of Correction: 225c

- On 9/5/25 Garden View PCHA/Supervisors reviewed and updated Resident [REDACTED]'s Resident Assessment & Support Plan to ensure all needs were indicated as per Resident [REDACTED]'s DME and the area of resident's ability to shop was evaluated and documented on the form. Resident [REDACTED]'s updated assessment and support plan is now accurate and complete, and their care is being delivered accordingly. Resident [REDACTED]'s corrected Resident Assessment & Support Plan was filed in Resident [REDACTED]'s chart. The date of this update was recorded on the DME/RASP tracker form by the PCHA/Supervisors.
- On 9/4/25 Garden View PCHA/Supervisors reviewed and updated Resident [REDACTED]'s Resident Assessment & Support Plan to ensure all needs were indicated as per Resident [REDACTED]'s DME, and the areas of eating, drinking, transferring in/out of bed/chair, toileting, bladder management, bowel management, ambulating, securing health care, turning and positioning in bed/chair, shopping, using the telephone, using a prosthetic device, aggression, communication of needs, and ability to use and avoid poisonous materials were evaluated and documented on the form. The diagnoses of Hyperlipidemia, constipation, and GERD were added to the annual assessment. Resident [REDACTED]'s updated assessment and support plan is now accurate and complete, and their care is being delivered accordingly. Resident [REDACTED]'s corrected Resident Assessment & Support Plan was filed in Resident [REDACTED]'s chart. The date of this update was recorded on the DME/RASP tracker form by the PCHA/Supervisors.
- On 9/5/25 Garden View PCHA/Supervisors updated the DME/RASP tracker form to include a review column for Supervisors to review all remaining resident assessments and support plans against their DME's to ensure all needs are documented, to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.225c.
- Beginning 9/5/25, Garden View PCHA/Supervisors will review and compare all Resident Assessments and Support Plans against the DME on an ongoing basis and document this review for all new or updated resident assessments and support plans. This will be accomplished by pulling and checking varying resident charts each month. The documentation of the DME/RASP checks being completed will be documented on the DME/RASP Tracker forms by

225c Additional Assessment (continued)

the PCHA/Supervisors.

- Completed DME/RASP Tracker forms will be maintained in the "Nursing" binder in the ground floor supervisor's office.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 10/03/2025)