



Pennsylvania Department of Human Services

Sent via email to: [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 21, 2025

[REDACTED]
Morris-Pace Assisted Living, Inc.
416 Reading Avenue
West Reading, Pennsylvania 19611

RE: Morris-Pace Personal Care
License #: 215900

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) licensing inspections on August 6, 2025 and September 24, 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 September 10, 2025, to September 10, 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 September 10, 2025, to September 10, 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 NOVEMBER 21, 2025 to MAY 21, 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
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: *MORRIS-PACE PERSONAL CARE* License #: *21590* License Expiration: *09/10/2025*
Address: *416 READING AVENUE, WEST READING, PA 19611*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *MORRIS-PACE ASSISTED LIVING INC*
Address: *416 READING AVENUE, WEST READING, PA, 19611*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/07/2007* Issued By: *Reading Borough*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/06/2025*

Inspection Dates and Department Representative

08/06/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *63* Residents Served: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *42* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *43* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

08/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2025*

Inspections / Reviews (*continued*)

09/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/08/2025

10/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

The home's License Inspection Summary report dated 11/13/24 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 09/02/2025)

3-C

1. The regulation is important because all those who live, visit, or thinking about residing at our facility need to see the previous inspection/violation report to review.
2. Previous inspection/violation report was not posted.
3. I posted the inspection/violation report when I received it last year and now it's been removed. I don't know who removed it.
4. I located the email that sent me the documents and I rehung it on our board.
5. Admin has made it clear to staff/residents that this is never to be removed from the board for compliance.
6. I, the Admin is responsible for preventing this violation from reoccurring.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/10/2025)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

At approximately 9:37 a.m. two plastic 8 ounce Kirkland water bottles were found in the A section laundry area on top of a washer. The bottles contained a blue liquid that was identified by staff as laundry detergent.

Plan of Correction

Accept [redacted] - 09/03/2025)

82-A

1. The regulation is important because when you do not keep everything in their original container poisoning can happen and cause death.
2. A water bottle had something other than "water" in it and left in plain view where residents can mistake it for something to drink.
3. A resident poured fabric softener & laundry detergent into a water bottle and the inspector found it. We use powder detergent for washing.
4. The "water bottle" that was not water was removed and thrown out.
5. The Admin made a public note on loud speakers 8/7/2025 & 8/9/25 to all residents/staff of this and warned them that this is a violation and cannot happen living here in this facility. Also staff will be monitoring the laundry room when doing laundry to prevent this from happening.
6. I, as the Administrator am responsible for preventing future violation.

Licensee's Proposed Overall Completion Date: 08/26/2025

82a - Poisonous Materials (continued)

Implemented [REDACTED] - 10/10/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:33 A.M., a pungent odor of urine was detected upon entry in the section F TV room.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

85-A

1. The regulation is important because uncleanliness, dead rodents, & odors are offensive to all residents and can cause illnesses.
2. During our inspection there was an odor of urine as you walk into "F" section, in "E" section restroom there must have been a leak and the ceiling had fallen into the tub, it had not been cleaned at the time of inspection. There was also a dead mouse in the "D" section on a trap.
3. A resident in "F" section needed [REDACTED] clothing washed, [REDACTED] has incontinent issues and [REDACTED] clothes were not washed yet, also in "E" section that room had not been cleaned, nor had the attached bathroom where the ceiling fell and the toilet was soiled. The dead mouse was not picked up and removed.
4. Staff washed [REDACTED] clothing during our inspection to eliminate the odor from that sitting area, also I had a staff person go into the bathroom in "E" and clean it. At the time of inspection staff picked up the dead mouse and threw it out.
5. I coached the resident on notifying staff to wash [REDACTED] clothing, and staff to check [REDACTED] laundry basket daily, we understand that things happen but [REDACTED] has to be a part of the solution when [REDACTED] soils [REDACTED] rooms are cleaned on a weekly basis and we ask the residents to notify us when their bathroom/bedroom needs attention/re-cleaning if we have not gotten to it yet. Staff are encouraged to notify maintenance man of any dead rodent for disposal. This way we are proactive and preventative.
6. DCS is responsible for cleaning rooms weekly and checking for dirty/soiled and untidy bedrooms. We will wash, dry, and fold their clothing and return them to the resident so this won't be a future problem/violation. Also re-clean any/all rooms that need our attention and keep an eye out for dead rodents for disposal, this will be a preventive action and keep this from happening again.

85-B

1. There should not be any rodents in this facility that can cause illness/disease.
2. There has been a mouse problem that is being treated, we also have 3 cats to assist with their removal. We also have Ehrlich coming out monthly exterminating & laying traps.
3. There was a dead mouse on a trap in the "D" section common area, our maintenance man removed it during the walk through.
4. Maintenance man removed it when he saw it for compliance.

85a - Sanitary Conditions (continued)

- 5. I can not prevent those rodents from getting in however I can continue to treat the areas that we see them, also Ehrlich comes monthly to exterminate and lay traps. Our cats will assist with them staying away too.
- 6. It is the responsibility of the Maintenance man to continue to exterminate/treat/remove and partner up with Ehrlich to ensure we cover the entire building/facility to prevent future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Not Implemented [REDACTED] - 10/10/2025)

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.

Description of Violation

At approximately 2:25 p.m. a large piece of plaster from resident #2's bathroom ceiling had broken off and fallen into the tub. The ceiling over the tub had a large hole in it as well.

At approximately 9:30 A.M., the section D refrigerator in the kitchenette on the top floor is stained with dried food debris.

At approximately 9:40 A.M., a hole was located in the wall near the dryers in the main laundry room.

Plan of Correction

Accept [REDACTED] 09/03/2025)

88-A

- 1. This regulation is important for the health, safety, & welfare of all residents.
- 2. There was a spill of milk in the bottom of one of the refrigerators in the main kitchen, "D" section fridge had not been cleaned, dryer room wall has been kicked in, & "E" section bedroom bath there was a leak from upstairs that damaged the ceiling and part of it had fallen, also it needed to be cleaned.
- 3. The main kitchen staff did not wipe up the spill from earlier, it was cleaned 8/6/25, the "D" section fridge has not been cleaned in a while. Because it is up in a private part of the building I forgot about that one, its my fault for not making sure its done like the other areas were, it was cleaned 8/7/25. It appears that someone hit/kicked the wall in the dryer room and left the sheet-rock broken, it was repaired 8/11/25, & the ceiling in "E" section bathroom fell from resident overflowing the sink upstairs, it was repaired 8/7/25.
- 4. At the time of the inspection the main kitchen staff cleaned up the spill from the fridge, facility staff went up to the "D" section and cleaned the fridge/kitchenette and threw out any/all items that did not have a date or label(8/7/25), maintenance [REDACTED] repaired the broken wall in the dryer room 8/11/25 and the ceiling repair was completed in "E" bathroom 8/7/25.
- 5. A message was sent to all staff who work in the kitchen via our App to ensure all are aware of this need for the kitchen fridge & freezers to be clean at the end of their shift. Weekly kitchenettes cleaning will continue which includes the upstairs "D" section that I forgot about, maintenance man will be checking our App daily for any/all issues in the building that need repair/replacement. All staff are required to notify Admin of any issues within the building that needs repair/replacement as a backup for the App.
- 6. Maintenance man & PCA's are responsible for preventing future violations.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 08/27/2025

Not Implemented (█ - 10/10/2025)

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

At approximately 2:25 p.m. the top drawer of the dresser in resident #2's room was broken and the pieces of the drawer were sitting in the drawer below.

At approximately 9:45 A.M., the shower in section K of the home contained a transfer shower chair with the back rest missing.

At approximately 9:25 A.M., the cabinet door was broken on the section L bathroom sink.

Plan of Correction

Accept (█ - 09/03/2025)

1. All Furniture & equipment must be in good repair at all time for the safety of the residents.
2. A dresser in a resident's bedroom was not in good repair, there was a personal shower chair that a resident owned in the bathroom and it did not have a back to it, a door to the cabinet of the sink was hanging off.
3. The dresser was not repaired in a timely fashion at the time of the inspection, the shower chair in the public restroom did not have a back to it however it is owned by the resident from when █ moved in and I could not throw it out because █ has the right to his belonging, door to the sink cabinet in "L" section needed repair at the time of our inspection.
4. The dresser was removed from the bedroom on 8/11/25, it was in bad condition and there is two other dressers in there, we removed the shower chair and gave it back to the resident and replaced it with a chair with a back for compliance on 8/7/25, maintenance man secured the door to the cabinet so it closes and opens properly on 8/6/25.
5. All staff were informed via APP about notifying maintenance man and all staff of the need to have items repaired, replaced, or thrown out
6. DCS & maintenance man are responsible for preventing future violation by informing all staff of a need for repairs, replacement, or removal.

Licensee's Proposed Overall Completion Date: 08/27/2025

Not Implemented (█ - 10/10/2025)

103i - Outdated Food

8. Requirements

2600.

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

Description of Violation

At approximately 9:44 a.m. there were 19 packages of frozen pork taco labeled "Best Used By 7/31/25" found in the freezer of the J section kitchenette.

At approximately 1:30 P.M., the main kitchen had multiple spices with best buy dates greater than 2 years to include

103i - Outdated Food (continued)

a 10lb container La Adobo with a Best buy date of 9/22 and a 5lb container of paprika with Best buy date of 8/31/19.

Plan of Correction

Accept [redacted] - 09/03/2025)

103-I

1. This regulation is important because all food must have good dates and within the guild lines of DHS for freshness.
2. Kitchen staff did check the dates on the frozen meats however it expired one week before our inspection and we need to keep better track of the expiration dates, as for spices in the facility, they were not checked.
3. (A) There was frozen meat in one of our freezers that had a 7/31/25 date and the date of our inspection was 8/6/25, (B) In the main kitchen, the spice rack had expired dates on them.
4. All frozen meat that had 7/31/25 was disposed of (8/6/25) along with the outdated spices in the main kitchen.
5. Periodic checks will be done on the food in the freezers, on the spice shelf, & fridge to ensure that all foods are in good standing.
6. Kitchen staff & Dietary Dir are responsible for helping to prevent future violations by checking.

Licensee's Proposed Overall Completion Date: 08/26/2025

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

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 9:40 A.M., an accumulation of lint was observed on the floor and surrounding areas behind the dryers in the home's main laundry room due to the vent hose not being connected to the dryer.

Plan of Correction

Accept [redacted] - 09/03/2025)

125-A

1. This regulation is important because FIRE's are extremely dangerous in LTC facilities.
2. Maintenance [redacted] did not maintain the floor behind the dryers, the hose came loose from the dryer.
3. Maintenance [redacted] was supposed to make checks behind the dryers for lint and did not.
4. Maintenance [redacted] swept up the lint behind the dryers and also made up a check list that hangs inside of the dryer room, it also reminds [redacted] of the vents in the restrooms that had dust in them to be vacuumed every two month or as needed.
5. The check list that is hanging inside of the dryer room is a constant reminder of the need to check behind the dryers as well check the air vents in the restrooms and clean as needed.
6. Maintenance man is responsible for preventing future violations

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/10/2025)

132b - Safety Inspection/Fire Drill

10. Requirements

2600.

132b - Safety Inspection/Fire Drill (continued)

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last supervised fire drill observed by a fire safety expert was conducted on 7/15/25. The prior supervised fire drill observed by a fire safety expert was conducted on 2/23/24. Repeat violation: 11/13/24

Plan of Correction

Accept (█ - 09/03/2025)

132-B

1. This regulation is very important for the safety & welfare of each resident living in a LTC facility.
2. The letter I have is more than 1 year old.
3. In Feb 2025 when my letter was expiring I had a Fire Expert come out to inspect our property and █ refused to give me a letter due to our sprinkler system being out of order. We were told by our sprinkler repair service that we had a leak and they could not find or repair the leak because of the sheetrock walls and ceiling. I called 3 other Fire Experts for their assistance, one told me that they didn't know how to find a leak since it was behind sheetrock so I suggested that we cut a hole in the ceilings in all areas/bedrooms and use the peppermint scent that was told to me by the second Fire Expert. ATS ordered the peppermint and they put it in the pipes to check the sprinkler system for leaks and pressurized the system. I find out that we do not have any leak, one of the gauges on the compressor malfunctioned and needed to be replaced. Once that was completed the system was inspected and cleared for operation. This took some time and once we got the OK we had to wait for them to come back out for their inspection/Fire Drill and letter completion.
4. I have a up to date letter from the Fire Expert dated 7/15/25 with a 4 minute evacuation time.
5. We have always had an annual inspection of our Fire system and this was out of my control, I could not get any assistance from my sprinkler repair company. I've been trying to get this done for months and had to come up with a plan on my own to solve our problem, thank GOD that ATS was willing to do what I asked to resolve and repair our sprinkler/compressor. ATS handles all of our Fire related inspections so we don't have to go far to get things done timely.
6. I, as the Admin will be responsible for preventing future violation

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented (█ - 10/10/2025)

133.1 - Exit Signs

11. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

At approximately 9:30 a.m. there was no exit sign over the exit door located in resident room H1A. The room is occupied by resident #3.

Plan of Correction

Accept (█ - 09/03/2025)

133-A-1-C

1. Fire Exits signs are one of the most important signs in a LTC facility.
2. Exit door had no sign signifying so.
3. The emergency exit door in a residents bedroom did not have a Exit Sign on it.

133.1 - Exit Signs (continued)

- 4. Maintenance [redacted] hung the Exit sign on (8/6/25) the door at the time of inspection for compliance.
- 5. The maintenance man checked all other doors for compliance, not sure when that sign was removed. We keep extra signs as a way of replacing any that go missing or damaged.
- 6. Maintenance man is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/10/2025)

141a 1-10 Medical Evaluation Information

12. 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 #1's medical evaluation dated [redacted]/25 does not include the resident's height or the resident's ability to self-administer medications.

Plan of Correction

Accept [redacted] 09/03/2025)

141-A

- 1. This regulation is important because there needs to be a clear indication of whether a resident can self-administer their meds or not and all information must be present on the resident.
- 2. Current DME does not indicate whether this residents can self-administer their meds even though we require that all residents to be able to do so upon admission and all information was not present on the DME.
- 3. One resident's DME came from a ReHab center that they completed. The problem is in a ReHab no one can self-administer so the DME stated "CAN NOT SELF ADMINISTER" on it. I did not make sure that all boxes were checked when I received their admission application as I should have.
- 4. The PCP office were contacted for completion 7/21/25.
- 5. My plan has been to have the DME's completed a month prior to there expiration, however this is different, they were not expired but needed to be edited for compliance and I had to wait for their PCP to send me the new documents. I'm at the discretion of the PCP's office and will continue to be a squeaky wheel for attention to get it completed as required. I just got the new DME faxed to me for resident #1 on 8/26/25.
- 6. I, as the Administrator am responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/27/2025

141a 1-10 Medical Evaluation Information (continued)

Implemented [redacted] /14/2025)

141b1 - Annual Medical Evaluation

13. Requirements

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [redacted] /24.

Resident #5's most recent medical evaluation was completed on [redacted] /24.

Plan of Correction

Accept [redacted] - 09/03/2025)

141-B-1

1. DME medical evaluations are important because they give a snapshot of what is going on with a resident.
2. 2 Residents DME had expired.
3. I faxed both of the residents DME to their PCP one month prior to expiration of the old one and did not receive them back even though they were re-faxed twice as a reminder.
4. I called the PCP's on 8/7/25 asking why I have not received their DME's and re-faxed them again for the third time. 8/19/25 I called and complained about not getting my documents timely, I was forwarded to the supervisor and [redacted] gave me [redacted] phone number and got the DME's completed and signed, then faxed them to me that day. I was also told to contact [redacted] with any other issues.
5. I'm not sure what else I can do to make the PCP's complete them in a timely fashion other than to keep calling and faxing what I need and be a squeaky wheel. I start one month prior to the expiration to prevent this from being a problem, it's worked most of the time.
6. I, the Admin is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

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

171b5 - First Aid Kit

14. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At approximately 2:00 P.M., the first aid kit in the home's vehicle used to transport resident's did not include a breathing shield, thermometer, or scissors. **Repeat violation: 11/13/24**

Plan of Correction

Accept ([redacted] 09/03/2025)

171-B-5

1. This regulation is important for the safety and care for the residents in an emergency situation.
2. One of my First Aid kits lacked certain items for compliance.

171b5 - First Aid Kit (continued)

- 3. I purchased brand new First Aid kits for the facility, however the one in the van did not have 4 of the items needed to be complete.
- 4. I purchased the thermometer needed and took the extra scissors, face mask, & eye shield and put them in the bag that holds the First Aid kit in the van.
- 5. I will conduct periodical checks when I audit the med cart on a weekly basis for compliance, making sure that any items that need replacing or expired are replaced.
- 6. I, the Admin is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/10/2025)

181c - Self-administration Assessment

15. Requirements

2600.

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 self-administers medications to include Lispro 100unit/ml pen and Lantus Solostar 100 unit/ml pen; 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.

Resident #2 self-administers their Novolog insulin; however, resident #2 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

Accept [redacted] - 09/03/2025)

181-C Resident #1

- 1. This regulation is important for the correct implementation of medication, health & safety of the residents, and be in compliance with DHS.
- 2. DME was completed incorrectly at the ReHab and I did not catch it.
- 3. Resident #1 was released by the ReHab with the document (DME) being handed into our office and we could not get an edited version since he's returned from the ReHab. The ReHab will not allow anyone to "self administer " any of their meds so that's what was noted on the DME, this includes insulin injections, so there is the problem that caused the violation.
- 4. I contacted [redacted] PCP (8/7/25) for resident #1 a new DME that indicates [redacted] is able to "self administer" [redacted]s meds while residing here including insulin. I finally received the new DME on 8/26/25 from his 7/21/25 visit.
- 5. To help prevent future violation I need to slow down and re-read each document we receive for compliance. Rushing around is another problem I have when multi-tasking during the re-admission of our residents.
- 6. I, the Administrator is responsible for preventing future violations.

Resident #2

181-C

181c - Self-administration Assessment (continued)

1. This regulation is important for the correct implementation of medication, health & safety of the residents, and be in compliance with DHS.
2. DME was completed incorrectly at the ReHab and I did not catch it.
3. Resident was released by the ReHab with the document (DME) being handed into our office and we could not get an edited version since [REDACTED] returned from the ReHab. The ReHab will not allow anyone to "self admin" any of their meds so that's what was noted on the DME, this includes insulin injections, so there is the problem that caused the violation. On [REDACTED] (2) previous DME's, when [REDACTED] was released from a REHab they were completed properly, this time the Re Hab did not. I still have not received the new DME as of today. [REDACTED] no longer lives here.
4. I contacted his PCP (8/7/25) for a new DME that indicates [REDACTED] is able to "self administer" [REDACTED] meds while residing here including insulin.
5. To help prevent future violation I need to slow down and re-read each document we receive for compliance. Rushing around is another problem I have multi-tasking on re-admission.
6. I, the Administrator is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([REDACTED] - 10/10/2025)

185a - Implement Storage Procedures

16. 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 #1 has an order for blood glucose checks 4 times per day at 7:00AM, 11:00AM, 4:00PM and 7:00PM. On 8/3/25 resident #1's glucometer had no reading for the 11:00am reading. A reading of 426 is documented on the medication treatment sheet at 11:00am. The resident's glucometer does have a reading of 426 but it is at 2:47PM. On 8/3/25 resident #1's glucometer has a reading of 100 at 7:00pm. However, this is not recorded on the medication treatment sheet.

Repeat violation: 11/13/24

Plan of Correction

Accept ([REDACTED] - 09/03/2025)

185-A

1. This regulation is important because the Glucometer readings/numbers dictate your health & welfare outcome.
2. All residents are self admin for blood sugars checks & insulin injection, we do not touch their meters.

185a - Implement Storage Procedures (continued)

- 3. The glucometer reading that were posted on our chart were not accurate, they were a day off. What we found out is we are now expected to check the glucometers for accuracy even though residents are responsible for it because they self-admin.
- 4. We, staff needs to be sure we document in the right box on our chart when we are told what their numbers are by the resident.
- 5. We need to pay closer attention to documentation on our Blood Sugar chart and make sure the dates & time line up. Rushing seems to be the problem.
- 6. Med staff are responsible for preventing future violations by slowing down and not rushing through the med pass.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] 10/10/2025)

224a - Preadmission Screen Form

18. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #6 was admitted to the home on [REDACTED] 25. The preadmission screening form did not include the date the form was completed.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

224-A

- 1. All documents that are used for admission must have the correct dates to show compliance with this regulation.
- 2. The Pre-admission form used for admission did not have a completion date.
- 3. When I received the Pre-admit document via fax I overlooked the box "I-E" which indicates the completion date and I did not correct it or date it.
- 4. The date on the fax is what I used as the completion date to fix this violation.
- 5. I need to be more careful when checking the documents that come in for admission. I will have my office staff check behind me for compliance, four eyes are better than two.
- 6. Administrator is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] - 10/10/2025)

225c - Additional Assessment

19. Requirements

2600.

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

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2's support plan dated 1 [REDACTED] /24 did not include the resident's frequent habit of leaving the home to stay

225c - Additional Assessment (continued)

overnight with friends.

Resident #5's support plan dated [redacted]/25 did not include the resident's need to wear a pager to alert the resident when the fire alarm is sounding due to the resident's hearing impairment.

Plan of Correction

Accept [redacted] - 09/03/2025)

225-C

1. RASP's are one of the most important documents for the health & welfare of each resident.
2. As the Admin I did not post some information in 2 residents RASP.
3. Resident "A", who is hearing impaired needed [redacted] pager added to [redacted] RASP showing that [redacted] has it on [redacted]s person for Fire Drills/Evacuations, and resident "B" did not have the information that [redacted] disappears at times without letting anyone know, like going out of county to see a friend without meds. This was added (8/12/25) to their RASP for compliance.
4. Both residents have had their RASP updated for compliance.
5. It's not always obvious what is needed to be added and what does not, I do my best to keep up with the updating. I have this information in their chart however not in the RASP, I just have to do better.
6. I, as the Administrator am responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/14/2025)

227h - Support Plan Refuse Sign

21. Requirements

2600.

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

Description of Violation

Resident #2 did not sign their support plan dated [redacted]/24. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction

Accept [redacted] - 09/03/2025)

1. By a resident signing any document, this signifies they are aware of the document.
2. RASP did not have a signature.
3. Once I completed the RASP for this resident I did not get a signature due to [redacted] refusal at that time and I did not mark the box stating he refused. Our inspector saw this and I was cited.
4. Once I located the residents chart I had [redacted] sign it using the date I signed the RASP which was 8/22/25.
5. My practice is to complete the RASP and have the resident sign and then I sign, I will make every attempt to follow my practice to completion.
6. I, the Admin is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 10/10/2025)