



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SHL ROSETTE LLC

LEGAL ENTITY

To operate ROSETTE VILLANOVA

NAME OF FACILITY OR AGENCY

Located at 1745 MONTGOMERY AVENUE, VILLANOVA, PA 19085

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 17, 2025 until May 17, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **153641**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 17, 2025

[REDACTED]
[REDACTED]
SHL Rosette, LLC
1745 Montgomery Avenue
Villanova, Pennsylvania 19085

RE: Rosette Villanova
1745 Montgomery Avenue
Villanova, Pennsylvania 19085
License #: 153641

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 7, 2025 and September 18, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Rosette At Villanova* License #: *15364* License Expiration:
Address: *1745 MONTGOMERY AVENUE VILLANOVA, PA 19085, VILLANOVA, PA 19085*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *SHL Rosette LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/26/2024* Issued By: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *08/07/2025*

Inspection Dates and Department Representative

08/07/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *3*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *8* Residents Served: *3*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

08/07/2025 - Partial

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

Inspections / Reviews (*continued*)

09/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

10/30/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

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

On 8/7/2025, the home's copy of the chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 09/05/2025)

The administrator immediately posted a physical copy of Chapter 2600 in the identified conspicuous location. Staff was educated about regulatory documentation posting requirements and noticing if dementia residents have moved them by posted memo and adding to our quarterly meetings. We ensured all staff are aware of the documentation that needs to be publicly posted by a checklist left in the area. Administrative Assistant is responsible party who performs document visibility checks to the monthly audit on the 15th of each month for routine check and compliance which the Administrator personally reviewed on Aug 15, 2025.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [redacted] - 09/29/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/2025, for resident #1 was not signed by the resident.

Plan of Correction

Accept [redacted] - 09/05/2025)

We immediately identified all current resident-home contracts that may have signature deficiencies on 8/8/25 and corrected. As educated by the inspector, we clearly wrote thar Resident #1 who suffers from advanced dementia is unable to sign. Administrator verified completion of signatures on the identified contracts. Administrator developed a checklist focused on contract management requirements, including the importance of obtaining all necessary signatures and disclaimers. Administrator will ensure ongoing compliance by adding this checklist point to the monthly compliance audit on 08/8/25 and performed this audit on Aug 15.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [redacted] - 09/29/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement (continued)

Plan of Correction

Accept [REDACTED] - 09/05/2025)

Administrator reviewed Resident #1's file to verify the absence of the signed statement on 08/08/25 and reached out to designated person to obtain the missing signature. Resident #1's file was updated on 08/09/25 with the signed acknowledgment and further developed an educational sheet also signed by the [REDACTED]. Administrator developed a checklist focused on contract management requirements, including the importance of obtaining all necessary signatures and disclaimers. The administrator has ensured ongoing compliance by adding this checklist point to the monthly compliance audit on 08/8/25 and performed this audit personally on Aug 15.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [REDACTED] - 09/29/2025)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 8/7/2025, the home had video cameras recording the interior of the home to include the following:

- 1st floor hallway
- 1st floor common area
- 2nd floor hallway including resident #1's bedroom door, bedrooms 5, 6, and 7
- 2nd floor common area

Plan of Correction

Accept [REDACTED] - 09/05/2025)

The administrator arranged with the contractor and deactivated all video cameras located within interior locations where privacy could be compromised, 1st floor hallway, 1st floor common area, 2nd floor hallways and common areas, and any areas directly facing bedroom doors. Management changed the signage to exclude the internal areas and were put on display 08/11/25

Administrator added a Privacy Assurance Program to be added to quarterly training meetings, and with regular monthly audit on the 15th of the month focusing on privacy rights and monitoring practices. This was personally done on Aug 15 2025 . Administrator will continue to Research and evaluate alternative monitoring technologies that provide security without infringing on private spaces.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [REDACTED] - 09/29/2025)

51 - Criminal Background Check

5. Requirements

2600.

51 - Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, [REDACTED] /2024, did not have a completed background check until 10/23/2024.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

HR director immediately ensured all current staff have undergone completed background checks as per regulatory requirements and Audit was done by director and reviewed by Administrator on aug 15. All current staff files are complete with completion of criminal history checks in the appropriate amount of time required. Administrator updated the current policy to reflect this. Administrator has reinforced and clarified current hiring procedures with the HR director to prevent future lapses in background check completion. HR director was previously counting the orientation day as the first day of hire, even though it was several days before being on the floor when the check was ran in the interim. Administrator conducted a training session with the HR director regarding the updated policies on 08/11/25 where the background check should be run on or before the day of hire. HR director has signed off on this policy. Continuing monthly audits will be conducted on the 15th of each month by the HR director with reviews by the Administrator as it was done on Aug 15 2025.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 09/29/2025)

54a - Direct Care Staff

6. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person A has a foreign high school diploma.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

We have reassigned Staff Member A to recreational activities with no direct care duties going into effect Aug 11. In the future, we have updated our hiring policy to do the following if a foreign high school diploma is presented
1. Obtain official translation and evaluation of Staff person A's foreign high school diploma from a recognized credential evaluation service.
2. Review the evaluation to ensure it meets equivalency standards for a high school diploma in the United States.
3. Communicate with the Pennsylvania Department of Human Services (DHS) for additional guidance if required.
• We have added this also to the hiring checklist and the monthly audit most recently conducted on August 15th .
The HR director is currently researching external partnerships with credential verification services for quick and reliable evaluations.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 10/01/2025)

63a - First Aid/CPR Training

7. 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 8/3/2025 and 8/4/2025, from 7:00 am - 11:00 pm, 3 residents were present in the home. During this time there was zero staff persons certified in CPR and First aid.

On 8/6/2025, from 3:00 pm - 11:00 pm, 3 residents were present in the home. During this time there was zero staff persons certified in CPR and First aid.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

There were certified persons in the home by National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization. We conducted an immediate review of staff certifications to identify deficiencies and scheduled in person First Aid and CPR training sessions for uncertified staff by Cardiac Care Inc who are certified and came in person to give the training . As of Aug 27, all staff of Rosette are now certified by an accepted company. HR Director will continue to Monitor staff scheduling to ensure compliance with certification requirements. The HR Director has established a consistent and ongoing training program for First Aid and CPR certification once a month for any new hires as we have partnered with Cardiac Care & Safety, Inc. 215-886-9280 This has been added to the New Hire Checklist and the monthly Audit completed Aug 15 for ongoing compliance and certificate expirations.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 10/01/2025)

63b - Current First Aid Training

8. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person A was trained in CPR by National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

We conducted an immediate review of staff certifications to identify deficiencies and scheduled CPR training sessions for uncertified staff by Cardiac Care Inc who are certified and came in person to give the training . As of Aug 27, all staff of Rosette are now certified by an acceptable company. Staff member A included.

63b - Current First Aid Training (continued)

HR Director will continue to monitor staff scheduling to ensure compliance with certification requirements. The HR Director has established a consistent and ongoing training program for First Aid and CPR certification once a month for any new hires as we have partnered with Cardiac Care & Safety, Inc. 215-886-9280. This notation has been added to the New Hire Checklist and the monthly Audit completed Aug 15 for ongoing compliance and certificate expirations.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [REDACTED] 09/29/2025)

82c - Locking Poisonous Materials

9. Requirements

2600.

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

Description of Violation

On 8/7/2025, crest pro-health toothpaste with a manufacturer's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible on top of resident #1's bathroom sink. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

On 8/7/2025, Colgate total mouthwash with a manufacturer's label indicating " more than used for rinsing is accidentally swallowed, get medical help or contact a poison control center", was unlocked, unattended, and accessible on top of resident #1's bathroom sink. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

On 8/7/2025, Ban powder fresh invisible roll-on deodorant with a manufacturer's label indicating " if swallowed contact a poison control center right away", was unlocked, unattended, and accessible on resident #1's bathroom shelf. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

On 8/7/2025, Olay complete daily facial moisturizer with sunscreen with a manufacturer's label indicating "if product is swallowed get medical help or contact a poison control center right away", was unlocked, unattended, and accessible on resident #1's bathroom shelf.

Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

We Immediately secured all potentially hazardous materials to prevent resident access. We identified all potentially poisonous materials within the facility and ensured they are stored in locked cabinets. We conducted a sweep of all resident bathrooms to verify compliance with secure storage requirements. We communicated the importance of securing hazardous materials to all staff members, reinforcing the policy during staff meetings and shift changes and posted a memo. We reviewed resident care plans based on assessment results to ensure appropriate supervision

82c - Locking Poisonous Materials (continued)

and safety measures are in place. We added continuous checks to the Administrators Monthly Audit conducted on August 15 , 2025 . We added quarterly refresher courses on safety protocols to the quarterly meeting.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [redacted] - 09/29/2025)

141a 1-10 Medical Evaluation Information

10. 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 did not include the health status, medication, and allergies needs of the resident

Resident #2's medical evaluation did not include the health status, special health or dietary needs of the resident.

Plan of Correction

Accept [redacted] - 09/05/2025)

We identified residents with incomplete evaluations and scheduled and completed immediate medical evaluations for them. We conducted a training session with the admin on the necessary components of a medical evaluation form with an example of a completed forms illustrating all required components on Aug 12 2025 . Added to the monthly audit schedule to review all completed medical evaluations which was completed on Aug 15th and reviewed by the administrator .

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [redacted] - 10/01/2025)

183e - Storing Medications

11. 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.

183e - Storing Medications (continued)

Description of Violation

Resident #1 is prescribed melatonin 1 mg. On 8/7/2025, the blister pack had a tear on pill number 8.

Plan of Correction

Accept (█ - 09/05/2025)

We conducted an inspection of all stored medications for any physical damage, such as tears or breaches, focusing particularly on blister packs. We ensured damaged medications were replaced and stored in accordance with proper conditions as outlined by the manufacturer.. Residents with blister pack medication were moved to a locked drawer with more room so that damage does not occur. Updated current medication storage policies to include this direction and communicated this via memo in medication room . Ensuring compliance with this update has been added to the Monthly audit completed by the Care Coordinator on August 15,2025

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented (█ - 10/01/2025)

191 - Resident Right to Refuse

12. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted █/2025, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept (█ - 09/05/2025)

Resident #1 is not a competent adult capable of being made aware of their right to question or refuse medication. We met with Resident #1 █ to explain their right to question or refuse medication on █ behalf if they suspect an error. █ signed the Resident Rights Sheet for this area updated Aug 9 2025. The Contract was also updated by the administrator to include an elongated version of this area with a signature for either the resident or the █. To ensure longterm compliance this cross check has been added to the monthly audit performed by the Administrator most recently on Aug 15 2025.

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented (█ - 09/29/2025)

224a - Preadmission Screen Form

13. 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 #2's preadmission screening form, dated █/2025, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (█ 09/05/2025)

Resident #2's preadmission screening form, dated █/2025, does not include a determination that the needs of the resident can be met by the services provided by the home. The administrator conducted an immediate review of

224a - Preadmission Screen Form (continued)

Resident #2's preadmission form to ensure all areas were completed. [REDACTED] updated the form to include a clear determination that the resident's needs can be met by our services. We performed an immediate sweep of all pre-admission forms for completion and accuracy . To maintain ongoing compliance with admission documentation requirements weve adding this to monthly audit most recently performed Aug 15 2025

Licensee's Proposed Overall Completion Date: 09/04/2025

Not Implemented [REDACTED] - 10/01/2025)

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

Facility Information

Name: *Rosette At Villanova* License #: *15364* License Expiration:
Address: *1745 MONTGOMERY AVENUE VILLANOVA, PA 19085, VILLANOVA, PA 19085*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *SHL Rosette LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/27/2025* Issued By: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *8*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *8* Residents Served: *2*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *6*

Inspections / Reviews

09/18/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2025*

Inspections / Reviews (*continued*)

10/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/07/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/08/2025

10/07/2025 - POC Submission

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

10/30/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/07/2025
Reviewer: [REDACTED] Follow-Up Type: Enforcement

11a - Chapter 20

1. Requirements

2600.

11.a. Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

Description of Violation

On 9/18/2025, Representatives of the Department arrived at the home and observed that the home was at its full capacity of 8 residents. The home does not have a License.

Plan of Correction

Accept [redacted] - 10/06/2025)

The administrator immediately ceased accepting new residents or taking names on the wait list: Administrator . Administrator was educated on site, on a zoom and by other DHS staff about regulatory licensure requirements. Administrator read and reviewed Chapter 20 and was verified as understanding it in accordance with HR Director.

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

Not Implemented [redacted] - 10/23/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/2025, for resident 1 was not signed by the resident.

Plan of Correction

Directed [redacted] - 10/07/2025)

- All of the homes contracts were immediatiely inspected.

In any event, checking signatures is on the Audit of documents preformed every month and was audited by the admin assistant on Oct 2, 2025.

Proposed Overall Completion Date: 10/06/2025

Directed

The administrator or designee with review the contract with resident 1 and their [redacted] and have the resident sign the contract. If the resident is unable to sign a notation will be added to the contract. All staff persons involved in the admission process will be educated on the completion of resident-home contracts including required signatures. This will be completed by 10/8/25. Documentation of education will be kept. Upon admitted any new residents the administrator or designee will review the contract to ensure all required signatures are present. [redacted] 10/7/25

Directed Completion Date: 10/08/2025

Not Implemented [redacted] - 10/23/2025)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 9/18/2025, resident 2 has a bedside fall mat that monitors every time they get out of bed and sends an alert to a device that is monitored by staff.

Plan of Correction

Accept [redacted] - 10/06/2025)

Resident 2 fall mat with alert was in place to help [redacted] go to the bathroom and prevent falls. Resident fall mat was immediately removed and notice posted to staff to having more regular check in rounds, once an hour, to help residents to the bathroom rather than being alerted. This change and matters of privacy were added to topics to be discussed at the October Quality control meeting so that supervisors know this going forward and do not permit staff or family to leave in the room. This will ensure compliance going forward.

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

Not Implemented [redacted] - 10/23/2025)

53f - Administrator Ability

4. Requirements

2600.

53.f. The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.

Description of Violation

On 9/18/2025, staff person A, the [redacted], informed the Department that 5 additional residents were admitted to the home. When the Department asked staff person A why the residents were admitted prior to the license being issued, staff person A stated they thought when they uploaded their documents to the licensing system for their plan of correction that they thought they were done and that their license would arrive in the mail to hang it on their wall. Staff person A has another personal care home that has been operating since 2021.

Plan of Correction

Accept [redacted] - 10/06/2025)

The administrator immediately ceased accepting new residents or taking names on the wait list: Administrator . Administrator was educated on site, on a zoom and by other DHS staff about regulatory licensure . Administrator read and reviewed Chapter 20 and was verified as understanding it in accordance with HR Director to ensure compliance going forward.

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

Implemented [redacted] - 10/23/2025)

82c - Locking Poisonous Materials

5. Requirements

2600.

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

Description of Violation

Nizoral Psoriasis Shampoo/Conditioner, with a manufacturer's label indicating "to contact poison control

82c - Locking Poisonous Materials (continued)

", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including memory care residents, have been assessed capable of recognizing and using poisons safely.

Colgate total toothpaste, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including memory care residents, have been assessed capable of recognizing and using poisons safely.

2 tubes of Crest toothpaste, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including memory care residents, have been assessed capable of recognizing and using poisons safely.

Dakin Solution, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including memory care residents, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 10/06/2025)

Poisonous toiletries were immediately removed and non toxic non poisonous toiletries from Cleure were purchased and replaced in residents rooms where Rosette handles toiletry purchases. Residents who prefer their own toiletries that may be poisonous, have been asked to keep their bathroom locked . Resident 2 prefers to lock the entire room. Staff has been asked to remember to remind residents who chose this option to keep their room or bathroom locked and the supervisor will check this on their rounds.

The sink poisons have now been locked under the kitchen cabinet. A memo has been provided to staff. A secure poison check has been added to supervisor daily rounds, and also on the monthly audit to ensure compliance going forward

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

Not Implemented [redacted] - 10/23/2025)

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/18/2025, there were multiple empty boxes outside of the home near the back door of the home.

Plan of Correction

Accept [redacted] - 10/06/2025)

Empty boxes were neat, stacked and tied. They are collected once every two weeks on Friday. There was no food or anything insects or animals would want. However, a \$1500.00 shed has been purchased to keep the boxes and trash receptacles. Box and trash check has been added to supervisor daily rounds and monthyl audit.

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

85e - Trash Outside Home (continued)

Implemented [redacted] - 10/23/2025)

88a - Surfaces

7. 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

On 9/18/2025, there were 3 baby gates installed on the home's stairs. These gates are a trip hazard for the residents.

On 9/18/2025, there was a shaving razor in resident 1's room.

Plan of Correction

Accept [redacted] - 10/06/2025)

Baby gates were removed Oct 3. Obstructions and other tripping hazards have been added to the Admin monthly audit report and also added to the quarterly quality control meeting to discuss how to detect these and other hazards.

Resident 1 is able to shave safely with his razor. [redacted] bathroom is locked after his morning care is complete. Staff has been asked to remember to remind resident 1 who chose this option to keep his bathroom locked and the supervisor will check this on their rounds daily to ensure compliance going forward

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] - 10/23/2025)

101j7 - Lighting/Operable Lamp

8. 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 3 does not have access to a source of light that can be turned on/off at bedside.

Resident 4 does not have access to a source of light that can be turned on/off at bedside.

Resident 5 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] 10/06/2025)

Resident 3 and 4 immediately had their rooms rearranged to provide the bedside lamp next to their bed. Resident 5 had a voice activated lamp installed. Checking these bedside lamp issues has been added to the monthly Audit completed Oct 2 for physical site to ensure compliance going forward.

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

101j7 - Lighting/Operable Lamp (continued)

Not Implemented [redacted] - 10/23/2025)

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/18/2025, at 9:00 am, the outside wheelchair ramp had a wooden board, and two large rocks laying in the middle of the ramp. These objects blocked egress from the home's back door.

On 9/18/2025, the home has 3 baby gates blocking the stairs. Two are at the top of the home's stairs blocking the two egresses from the second floor. One is at the bottom of the stairs blocking egress from the main stairs of the home.

Plan of Correction

Accept [redacted] - 10/06/2025)

The rocks and board were used to keep trash lids on and fell off. A new shed was purchased to keep all the trash and boxes on. Daily checks for obstructions on egress routes have been added to supervisor rounds and to the monthly admin physical site check

Baby gates were removed Oct 2. Obstructions and other tripping hazards have been added to the Admin monthly audit report and also added to the quarterly quality control meeting to discuss how to detect these and other hazards.

Licensee's Proposed Overall Completion Date: 10/03/2025

Not Implemented [redacted] - 10/23/2025)

183b - Meds and Syringes Locked

10. 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 9/18/2025, at 10:09 am, resident 4's Lidocaine pain relief patch was unlocked, unattended, and accessible in resident 4's room.

Plan of Correction

Accept [redacted] - 10/06/2025)

A sweep was immediately done on all rooms and any otc medications or treatments left out were secured. Medication lockboxes for OTC treatments kept in resident rooms were immediately ordered. Checking that all medications are secure were added to the Supervisor rounds and monthly medication audit completed Oct 2 to ensure compliance going forward.

11.

183b - Meds and Syringes Locked (continued)

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

Not Implemented [redacted] 10/23/2025)

183e - Storing Medications

11. 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 9/18/2025, resident 3's Insulin Lispro Kwikpen and Lantus Solostar, was open and did not have an open date on either pen. According to the manufacturer's instructions these medications expires 28 days after opening.

On 9/18/2025, resident 4's Acetaminophen blister pack had a tear on pill #12 the pill was still in the pack.

On 9/18/2025, there was one loose pill in the drawer of the medication cart.

Plan of Correction

Accept [redacted] - 10/06/2025)

Resident 3 Insulin pens were immediately labeled by care coordinator . A memo for their proper labeling was posted by the care coordinator posted on the cabinet above them with labels and pens. Checking the insulin pens for labels has been added to the Care coordinator monthly audit.

We Conducted an inspection of all stored medications for any physical damage, such as tears or breaches, focusing particularly on blister packs. We Ensured damaged medications were replaced and stored in accordance with proper conditions as outlined by the manufacturer. We searched for any loose pills and disposed of appropriately . Residents with blister pack medication were moved to a locked drawer with more room so that damage does not occur.

Reminded staff of current medication storage policies to include this direction and communicated this via memo in medication room . Ensuring compliance with this update has been added to the Monthly audit completed Oct 2

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

Not Implemented [redacted] - 10/23/2025)

184a - Resident's Meds Labeled

12. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Resident's Meds Labeled (*continued*)**Description of Violation**

The pharmacy label for resident 4's Clotrimazole antifungal cream does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

Plan of Correction

Accept [REDACTED] 10/06/2025)

The clotrimazole was an old prescription brought by the family at move in. It was neither labeled properly or in the MAR. The clorimozaole was immediately removed and Dr called to confirm that was unnecessary at this time. A sweep of all rooms was conducted to look for any old or unlabeled medicines, especially in new resident rooms who may have carried it in at move in. This sweep was added to the care coordinator Medicine Audit conducted Oct 2. A new policy for how to conduct the move in medicine transfer has been issued and posted. Changes to the welcome letter and list of information and action needed has also been updated for new residents in the future. This will also be discussed at the Quality control meeting in October.

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

Implemented [REDACTED] - 10/23/2025)

185a - Implement Storage Procedures

13. Requirements

2600.

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

Description of Violation

Resident 4 is prescribed Senna 8.6 mg as needed. On 9/18/2025 this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 10/06/2025)

The Senna had run out before the new Dr arrived to refill. The Senna was immediately called in to the previous DR and refilled. An audit was preformed by the care coordinator to assess any other medications from new residents that may be in danger of running out before the new Dr appointment. The monthly audit was updated to include this information check.

A new policy for how to conduct the move in medicine transfer has been issued and posted. Changes to the welcome letter and list of information and action needed by resident before move in has also been updated for new residents to ensure future comllaince. This will also be discussed at the Quality control meeting in October.

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

Implemented [REDACTED] - 10/23/2025)

187a - Medication Record

14. Requirements

2600.

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

1. Resident's name.

187a - Medication Record (continued)

- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 4 is prescribed Clotrimazole antifungal cream 1%. This medication was administered to the resident; however, it is not included on resident 4's medication administration record.

Plan of Correction

Accepted [redacted] /06/2025)

The clotrimazole was an old prescription brought by the family at move in. It was neither labeled properly or in the MAR. The clorimozaole was immediately removed and Dr called to confirm that was unnecessary at this time. A sweep of all rooms was conducted to look for any old or unlabeled medicines, especially in new resident rooms who may have carried it in at move in. This sweep was added to the care coordinator Medicine Audit conducted Oct 2. A new policy for how to conduct the move in medicine transfer has been issued and signed off on by the new care coordinator. Changes to the welcome letter and list of information and action needed has also been updated for new residents in the future. This will also be discussed at the Quality control meeting in October.

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

Implemented [redacted] - 10/23/2025)

187d - Follow Prescriber's Orders

15. Requirements

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

Description of Violation

Resident 4 is prescribed Preparation H. However, this medication was not administered to resident 4 on 9/18/2025 because the medication was not available in the home.

Plan of Correction

Accepted [redacted] - 10/06/2025)

*The preparation H had run out before the new Dr arrived to refill and get on the preferred pharmacys automatic monthly cycle. The Preparation H was immediately called in to the previous DR and refilled. An audit was preformed by the care coordinator to assess any other medications from new residents that may be in danger of running out before the Dr appointment. The monthly audit was updated to include this information check
A new policy for how to conduct the move in medicine transfer has been issued and signed off on by the new care coordinator. Changes to the welcome letter and list of information and action needed has also been updated for new residents in the future. This will also be discussed at the Quality control meeting in October.*

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

187d - Follow Prescriber's Orders (*continued*)*Not Implemented* [REDACTED] - 10/23/2025)

191 - Resident Right to Refuse

16. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [REDACTED]/2025, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction*Accept* [REDACTED] - 10/06/2025)

Resident 1 was immediately given the education and signed off on it by the administrator. A sweep was done of all other contracts in the home and any education was given and signed off on. The resident contract was updated to include this page in the contract so that this does not happen in the future. A check of this information given and signed was added to the monthly admin audit .

Licensee's Proposed Overall Completion Date: 10/03/2025

Not Implemented [REDACTED] - 10/23/2025)

202 - Prohibitions

17. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

202 - Prohibitions (continued)

Description of Violation

On 9/18/2025, resident 5 was wearing a seat belt in their wheelchair. The resident does not have an order for the seatbelt.

Plan of Correction

Accept [redacted] - 10/06/2025)

Resident 5 has no trunk control due to [redacted] condition. [redacted] has a specialized chair so [redacted] can navigate and tilt [redacted] for skin integrity. [redacted] needs ,requests and was ordered her safety belt with her Quantum 6 chair for security and safety. Attached is letter of necessity and order with that area highlighted. A sweep was done to all other residents medical equipment to check for any violations that may need to be ordered by a Dr. This check was added to the Admin monthly check so this does not get overlooked in the future. This will also be addressed and discussed in the Quarterly control meeting so that staff may recogzine and call it out.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] - 10/23/2025)

225a - Assessment 15 Days

18. Requirements

2600.

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

Description of Violation

Resident 1 was admitted on [redacted]/2025; however, the resident's assessment was not completed.

Resident 6 was admitted on [redacted]/2025; however, the resident's assessment was not completed.

Plan of Correction

Accept [redacted] - 10/06/2025)

Resident 1 and resident 6 assessments were immediately completed. A sweep of all other home assessments were conducted to ensure dates were correct and forms completed. Assesments complete within 15 days was added to the Admin monthly audit and to the Move in Sheet. This was also added to Quarterly control meeting to discuss so all staff is aware the difference between asseesments and completion.

Licensee's Proposed Overall Completion Date: 10/03/2025

Not Implemented [redacted] - 10/23/2025)