

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

October 10, 2025

[REDACTED] ADMINISTRATOR  
HSRE-WSL OF WEXFORD VI TRS LLC  
[REDACTED]

RE: THE PROVINCE OF WEXFORD  
210-212 FOWLER ROAD  
WARRENDALE, PA, 15086  
LICENSE/COC#: 44936

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2025, 08/08/2025, 08/11/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE PROVINCE OF WEXFORD* License #: *44936* License Expiration: *02/21/2026*  
Address: *210-212 FOWLER ROAD, WARRENDALE, PA 15086*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HSRE-WSL OF WEXFORD VI TRS LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/07/2018* Issued By: *Marshall Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *137* Waking Staff: *103*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/11/2025*

**Inspection Dates and Department Representative**

08/07/2025 - On-Site: [REDACTED]  
08/08/2025 - On-Site: [REDACTED]  
08/11/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
License Capacity: *143* Residents Served: *95*

**Special Care Unit**  
In Home: *Yes* Area: *1st & 2nd Floors* Capacity: *29* Residents Served: *22*

**Hospice**  
Current Residents: *12*

**Number of Residents Who:**  
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *42* Have Physical Disability: *0*

**Inspections / Reviews**

08/07/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/29/2025*

Inspections / Reviews (*continued*)

## 09/02/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/06/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2025

## 09/09/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/06/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/09/2025

## 09/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/06/2025  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/06/2025

## 10/10/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/06/2025  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 3d Post license/VR/Regs

## 1. Requirements

2800.

- 3.d. The assisted living residence 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 assisted living residence.

## Description of Violation

*On 8/7/25, the residence's license inspection summary, dated 6/26/25, was not posted in a conspicuous and public place.*

*REPEAT VIOLATION: 10/17/2024, et. al.*

## Plan of Correction

Accept ( [REDACTED] ) - 09/02/2025)

*In response to the violation 2800.3.d by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, Residence Director immediately added license summaries dated 6/26/2025 to the licensing binder. Business Operation Manager held meeting on 8/28/2025 with concierge team educating them that state regulation 3d required licensing binder be kept in a conspicuous and public place in the assisted living residence. The licensing will be kept on the counter directly behind the concierge desk in plain sight for the public to see. All concierges that attended this training signed attendance sheet. Incoming concierge will ensure licensing binder is in designated place each day upon shift starting on 8/31/2025 and log compliance in tracking log that will be kept at concierge desk. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025*

**Licensee's Proposed Overall Completion Date: 08/31/2025**

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

## 15a Resident abuse report

## 2. Requirements

2800.

- 15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

*On 8/4/25 at approximately 9:00pm, resident #1 reported an allegation of abuse to direct care staff person A; however, this allegation of abuse was not reported to the local Area Agency on Aging until 8/5/25 at approximately 2:15pm.*

## Plan of Correction

Accept ( [REDACTED] ) - 09/02/2025)

*In response to the violation 2800.15a by the Pennsylvania Bureau of Human Service Licensing on 8-7-2025, to enhance the current operations, by 9-10-2025 the Health Care Director will conduct training with all nurses and care staff training on regulatory functions for suspected abuse and reporting requirements. Documentation of completed education will be placed in staff members employment file. Effective immediately the Health Care Director or Designee will immediately report to the Pennsylvania Bureau of Human Services Licensing and the Area on Aging any potential injury that may have the potential of being abuse. The Health Care Director or Designee will immediately file proper reports to the named agenesis if alerted to a suspected abuse allegation. Beginning on*

**15a Resident abuse report (continued)**

9-7-25 the review of internal incidents shall be conducted daily by the supervisor of the day, to ensure all reportable incidents specified in 2800.15a are reported to the Department within 24 hours. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025

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

Implemented (█) - 10/10/2025)

**16c Incident reporting****3. Requirements**

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

**Description of Violation**

On 8/4/25 at approximately 9:00pm, resident #1 reported an allegation of abuse to direct care staff person A; however, this allegation of abuse was not reported to the Department until 8/6/25 at approximately 2:45pm.

**Plan of Correction**

Accept (█) - 09/02/2025)

In response to the violation 2800.16 c on 8-7-2025 by the Pennsylvania Bureau of Human Service Licensing, by 09/02/2025 the Health Care Director will conduct training with all nurses on regulatory functions for suspected abuse and reporting requirements. Documentation of completed education will be placed in nurses' employment file. Effective immediately the Health Care Director or Designee will immediately report to the Pennsylvania Bureau of Human Services Licensing and the Area on Aging any potential injury that may have the potential of being abuse. The Director of Health and Wellbeing or Designee will immediately file proper reports to the named agencies if alerted to a suspected abuse allegation made by an outside. The review of internal incidents shall be conducted daily by the supervisor of the day, to ensure all reportable incidents specified in 2800.16a are reported to the Department within 24 hours. The information outlined in this violation will be reviewed at the Quality Management meeting on 9/17/2025.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented (█) - 10/10/2025)

**25a Resident - residence contract****4. Requirements**

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

Resident #2's resident-residence contract, dated █ does not include resident #2's name in the area indicating the contract is between resident #2 and the legal entity of the residence. This section of resident #2's resident-residence contract is blank.

Resident #3's resident-residence contract, dated █ does not include resident #3's name in the area indicating the contract is between resident #3 and the legal entity of the residence. This section of resident #3's resident-residence

**25a Resident - residence contract (continued)**

contract is blank.

**Plan of Correction**

Accept (████ - 09/02/2025)

In response to the violation 2800.25b by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, Business Operations Manager immediately on 8-25-22 corrected resident contract for residents #2 and #3. Audits of all contracts will be done monthly of all new residents by the Business Operations Manager. Residence Director will educate BOM on regulation 288.25a by 9-10-17, A form has been added on 8-28-25 to each resident file to indicate resident contract contains are necessary information. The form outlines the following criteria: 1. Are all required names, information and dates present on resident contract? Monthly resident contract audits will begin 9/10/25 and continue monthly. The information outlined in this violation will be reviewed at the Quality Management meeting on 9/17/2025

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

Implemented (████ - 10/10/2025)

**25b Contract signatures and renewal****5. Requirements**

2800.

25b. 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. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

**Description of Violation**

Resident #2's resident-residence contract, dated ██████ is not signed or dated by resident #2.

Resident #3's resident-residence contract, dated ██████, is not dated by resident #3, or signed by the residence's administrator/designee.

Resident #4's most recent resident-residence contract, ██████ is not signed by resident #4.

Resident #5's resident-residence contract, dated ██████ is not signed by resident #5.

REPEAT VIOLATION: 10/17/2024, et. al.

**Plan of Correction**

Directed (████ - 09/09/2025)

In response to the violation 2800.25b by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, Business Operations Manager immediately on 8-25-22 had resident #2, #3, #4 and #5 sign contract. Audits of all contracts will be done monthly of all new residents by the Business Operations Manager. Residence Director will educate BOM on regulation 288.25b by 9-10-17. (DIRECTED: The residence director shall receive education on 2800.25b by 9/10/25. Documentation of the education shall be kept. ██████ 9/9/25). A form has been added on 8-28-25 to each resident file to indicate a resident signature is present on the contract. (DIRECTED: Beginning on 9/10/25: The new checklist form shall be used for all new admissions to ensure compliance with 2800.25b. ██████ 9/9/25). The form outlines the following criteria: 1. Did the resident(s) sign lease contract upon move in? Yes or No 2. If no, resident was either unable to participate, or unable to sign. In such instance, a witness signature and residents designated person will sign lease contract. Monthly resident contract audits will begin 9/10/25 and continue monthly. The information outlined in this violation will be reviewed at the Quality Management meeting

25b Contract signatures and renewal (continued)

on 09/17/24. (DIRECTED: The quality management review shall include a review of all items specified in 2800.26b. Documentation of the quality management review shall be kept. [REDACTED] 9/9/25). Amendment: Resident #3's contract was signed by residence director on 9-3-25

Proposed Overall Completion Date: 09/10/2025

Directed Completion Date: 09/17/2025

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

65j Annual training content

6. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person B, hired on [REDACTED] did not receive training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2024 training year.

Direct care staff person C, hired on [REDACTED], did not receive training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2024 training year.

Plan of Correction

Accept ([REDACTED] - 09/02/2025)

In response to the violation 2800.65j on 8-7-2025 by the Pennsylvania Bureau of Human Service Licensing, Direct care staff person B and staff person C have successful received fire safety training completed by fire safety trained staff person on 8-25-25. For all new hires moving forward will receive fire safety training on day of hire. Monthly audit beginning 10-12-25 will be completed by business of manager of all employee files to ensure all required training is completed and documented. Residence Director will educate BOM on regulation 2800.65g by 9-10-17By 9-10-25 business operations manager will audit all current staff records to ensure all staff persons have met the regulatory requirements. The information outlined in this violation will be reviewed at the Quality Management meeting on 9/17/2025.

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

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

88a Floors, walls, ceilings, windows, doors

7. Requirements

2800.

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

Description of Violation

On 8/11/25, the left door to resident #9's laundry closet in resident #9's living unit was detached from the doorframe and laying on the floor.

88a Floors, walls, ceilings, windows, doors (continued)

**Plan of Correction**

Accept (█) - 09/02/2025)

*In response to the violation 2800.88a by the Pennsylvania Bureau of Human Services Licensing on 8-11-2025 Maint Tech immediately repaired and rehung detached laundry closet door in resident #9's apartment. Residence Director will educate Maintenance Director on regulation on 2800.88a by 9-10-17. Monthly visual checks beginning 9/14/2025 will be conducted by Maintenance Director and will include a check of all apartments to ensure compliance and logged in binder to be kept in Maintenance Director office. Maintenance Director will be responsible for monthly checks and logging checks in designated binder. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025.*

**Licensee's Proposed Overall Completion Date: 09/14/2025**

Implemented (█) - 10/10/2025)

101j7 Lighting/operable lamp

**8. Requirements**

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*On 8/7/25, no operable lamp or other source of lighting was present at resident #4's bedside.*

*On 8/11/25, no operable lamp or other source of lighting was present at resident #8's bedside.*

*REPEAT VIOLATION: 10/17/2024, et. al.*

**Plan of Correction**

Accept (█) - 09/02/2025)

*In response to the violation 2800.101j7 by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, Maintenance Director installed light next to bed of residents #4 and #8 on 8/21/2025. Residence Director will educate Maintenance Director on regulation on 2800.101j7 by 9-10-17. Maintenance Director will install push lamps on all resident's bedside walls by 9/28/2025 All current resident apartments will be audited by Maintenance Director to ensure each apartment has an operable lamp or other source of lighting that can be turned on at bedside . This will be completed by 9/28/2025. Each resident apartment will be checked on the day of move-in for all future residents to ensure an operable lamp or other source of lighting that can be turned on at bedside. Move-in checklist will be used to ensure compliance. Either Maintenance Director or Residence Director will be responsible for compliance. Monthly monitoring of resident apartments will begin 10/05/2025 and completed by housekeeper that is assigned to resident apartment. Tracking log will be maintained by each housekeeper and audited weekly by Maintenance Director. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025*

**Licensee's Proposed Overall Completion Date: 09/28/2025**

Implemented (█) - 10/10/2025)

103e Leftovers

**9. Requirements**

**103e Leftovers (continued)**

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 8/7/25, numerous food items were unlabeled and undated in the kitchen, to include the following:*

- *2 halves of pies in the main kitchen refrigerator*
- *A 1/4 full bag of carrots and onions in the walk-in refrigerator*

**Plan of Correction**

Accept (█) - 09/02/2025)

*In response to the violation 2800.103e by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025 Culinary Director immediately labeled and dated: 2 halves of pies in the main kitchen refrigerator of 1/4 full bag of carrots and onions in the walk-in refrigerator when the issue was brought to our attention. Culinary Director will educate all culinary staff concerning regulation 2800.103e by 9-10-2025. Sign is posted on the outside of walk-in refrigerator/walk-in unit stating proper procedure for dating, rotating and storage of all product. By 9-10-2025 all current staff persons shall receive education that all food items must be stored in closed or sealed containers. Daily checks at 2 pm of all food storage areas to ensure food is stored in closed or sealed containers beginning 9-07-2025 will be conducted by culinary director or back of house manager and tracked on checklist. Culinary Director will review previous week's checklist every Monday to ensure compliance and completion of daily checks beginning 9-14-2025. This information will be shared at the Quality Management meeting on 09-17-2025*

**Licensee's Proposed Overall Completion Date:** 09/07/2025

Implemented (█) - 10/10/2025)

**103g Storing food****10. Requirements**

2800.

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

**Description of Violation**

*On 8/7/25, there were numerous open and unsealed food items in the residence's dry food storage area, to include the following:*

- *A 1/4 bag of Ditalini pasta noodles*
- *A 1/2 bag of Pastatini noodles*
- *2 bags of Quinoa*
- *A 1/4 bag of cream soup base*
- *A 1/2 bag of Oreo cookie crumbs*
- *A 1/4 bag of powdered sugar*
- *A 1/2 bag of vanilla wafers*

**Plan of Correction**

Accept (█) - 09/02/2025)

*In response to the violation 2800.103g by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025 Culinary Director immediately sealed: a 1/4 bag of Ditalini pasta noodles, a 1/2 bag of Pastatini noodles, 2 bags*

**103g Storing food (continued)**

of Quinoa, a 1/4 bag of cream soup base, a 1/2 bag of Oreo cookie crumbles, a 1/4 bag of powdered sugar and a 1/2 bag of vanilla wafers when the issue was brought to our attention. Culinary Director will educate all culinary staff concerning regulation 2800.103g by 9-10-2025. Sign is posted on the outside of walk-in refrigerator/walk-in unit stating proper procedure for dating, rotating and storage of all product. By 9-10-2025 all current staff persons shall receive education that all food items must be stored in closed or sealed containers. Daily checks at 2 pm of all food storage areas to ensure food is stored in closed or sealed containers beginning 9-07-2025 will be conducted by culinary director or back of house manager and tracked on checklist. Culinary Director will review previous week's checklist every Monday to ensure compliance and completion of daily checks beginning 9-14-2025. This information will be shared at the Quality Management meeting on 09-17-2025

Licensee's Proposed Overall Completion Date: 09/14/2025

Implemented (█) - 10/10/2025)

**126a Furnace inspection****11. Requirements**

2800.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**Description of Violation**

The residence does not have documentation indicating the residence's furnaces have been inspected by a professional furnace cleaning company or trained maintenance staff person within the past year.

**Plan of Correction**

Accept (█) - 09/02/2025)

In response to the violation 2800.126a by the Pennsylvania Bureau of Human Service Licensing on 8-11-2025, Maintenance Director set appointment for █ 9-2 -2025 for annual furnace inspection. Annual furnace inspection will be completed each year by no later August 31st. Residence Director will educate Maintenance Director on regulation 2800.126a by 9-10-2025. Checklist will be created by Maintenance Director by 9-10-2025 to track annual inspection due date and completion and stored in Maintenance Director office. Maintenance Director will be responsible to ensure annual furnace inspection is completed. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025

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

Implemented (█) - 10/10/2025)

**132b Safety inspection/fire drill****12. Requirements**

2800.

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 most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 2/19/25; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 10/5/23.

**Plan of Correction**

Accept (█) - 09/02/2025)

In response to the violation 2800.132b by the Pennsylvania Bureau of Human Service Licensing on 8-7-2025,

**132b Safety inspection/fire drill (continued)**

Maintenance Director will create checklist by 9-10-25 to ensure fire safety inspection and fire drill are conducted by a fire safety expert annually by no later than 8-31-2025. Residence Director will educate Maintenance Director on regulation 2800.132b by 9-10-2025 documentation of this fire drill and fire safety inspection shall be kept in binder in Maintenance Director office. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025

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

Implemented (█) - 10/10/2025)

**132d Evacuation****13. Requirements**

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

**Description of Violation**

From 10/6/24 through 2/18/25, the residence did not have documentation from a fire safety expert indicating an evacuation time to a public thoroughfare or fire-safe areas that exceeds 2 minutes, 30 seconds. During the following fire drills, the resident evacuation time exceeded 2 minutes, 30 seconds:

- 1/31/25 at 7:58am-evacuation time was 10 minutes, 44 seconds
- 12/2/24 at 4:04pm-evacuation time was 10 minutes, 44 seconds
- 11/26/24 at 6:09am-evacuation time was 12 minutes, 38 seconds
- 10/31/24 at 9:49am-evacuation time was 9 minutes, 58 seconds

**Plan of Correction**

Accept (█) - 09/09/2025)

In response to the violation 2800.132d by the Pennsylvania Bureau of Human Service Licensing on 8-7-2025, Maintenance Director will create checklist to ensure fire safety inspection and fire drill are conducted by a fire safety expert annually by no later than 9-10-2025, so that evacuation times can be bench marked accurately. Residence Director will educate Maintenance Director on regulation 2800.132d by 9-10-2025. Documentation of this fire drill, fire safety inspection and evacuation times shall be kept in binder in Maintenance Director office. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025 Amendment: Residence Director will review fire drill monthly beginning 10-5-25 to ensure compliance with 2800.132d

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

Implemented (█) - 10/10/2025)

**141a Medical evaluation****14. Requirements**

2800.

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:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

## 141a Medical evaluation (continued)

**Description of Violation**

Resident #2's medical evaluation, dated [REDACTED] does not include documentation that resident #2 had a tuberculin skin test administered with negative results within the last 2 years.

Resident #3's medical evaluation, dated [REDACTED], does not include documentation that resident #3 had a tuberculin skin test administered with negative results within the last 2 years.

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

In response to the violation 2800.141.a by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025 the Health Care Director has established a new or annual checklist to ensure completion of pre-admission or annual TB screening for residents. The checklist outlines the dates and results of TB testing. All existing resident charts will be audited by Health Care Director or Assistant Health Care Director 9-10-2025 to ensure all necessary TB testing and results have been completed. To enhance the current operations, by 9/10/2025 the Health Care Director will conduct training with all nurses in regulatory requirements for a TB testing. Documentation of completed education will be placed in the nurse's employment file. Quarterly checklist will be reviewed and audited by Health Care Director or Assistant Health Care Director beginning 10-7-2025. This information will be discussed on 09/17/2025 in the Quality Management meeting (DIRECTED: The quality management review shall include a review of all items specified in 2800.26b. Documentation of the quality management review shall be kept. [REDACTED] 9/9/25).

Amendment: Resident #3 moved out prior to TB testing. Difficulty getting doctor's or hospice orders for testing. Resident #2 results returned on 8-19-2025. Results came back negative.

Proposed Overall Completion Date: 09/10/2025

**Directed Completion Date: 09/17/2025**

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

## 187d Follow prescriber's orders

**15. Requirements**

2800.

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

**Description of Violation**

On 7/8/25, resident #5 was prescribed, "Midodrine 5mg tablet-Take 1 tablet by mouth 3 times daily (9:00am, 1:00pm and 5:00pm). Hold for systolic blood pressure >130." According to resident #5's July 2025 medication administration record (MAR), resident #5's systolic blood pressure on 7/9/25 at 9:00am was 152, and on 7/9/25 at 1:00pm was 194; however, resident #5 was still administered the Midodrine-5mg tablet at both times. Resident #5 was then sent to the hospital for Hypertension.

Resident #9 was not administered the following medications on the following dates/times, because the medications were not available in the residence for administration:

- Atorvastatin 40mg tablet-Take 1 tablet by mouth once daily, which was not administered to resident #9 on 7/4/25 and 7/5/25
- Super B complex with C tablet-Take 1 tablet by mouth daily, which was not administered to resident #9 on 7/14/25, 7/15/25 and 7/16/25

**187d Follow prescriber's orders (continued)**

Resident #10 is prescribed Eliquis 2.5mg tablet-Take 1 tablet by mouth twice daily; however, this medication was not administered to resident #10 on the evenings of 8/5/25 and 8/6/25 because the medication was not available in the residence for administration.

REPEAT VIOLATION: 10/17/2024, et. al.

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

In response to violation 2800.187.d by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025 the Health Care Director or designee will pull a missed medication report from our ECP Computer system every 24hrs. This report will be reviewed by the Health Care Director or designee. Health Care Director or designee began using the missed medication report on 08/28/25 and review daily. For any missed medication found the Health Care Director or designee will investigate the reason for the missed medication and ensure appropriate documentation of the missed medication is present. Med Tech trained staff are required to do daily audits beginning 9-2-2025 of the medication carts and turn them into the Health Care Director or designee. The missed medication report will be reviewed over a period of three months or until we reach 100% compliance. To enhance the current operations, by 10/05/2025 the Health Care Director will conduct training with all nurses or designees to the daily missed medications report and the proper documentation procedure required for a missed medication. Documentation of completed education will be placed in the nurse's employment file. This information will be reviewed at the 09/17/2025 QMPI meeting.

Amendment: For Resident #9 medications did not come on med exchange day. Resident missed meds on 7-4-25 and 7-5-25. Meds were received from pharmacy and resident received meds on 7-6-25. Also on 7-14, 7-15 and 7-16 there was miscommunication between facility and pharmacy which was resolved on 7-16-25. State reportable written

For Resident #10 Pharmacy sent on med card for resident instead of two on med exchange. Resident missed 8-5 and 8-6. Pharmacy delivered 2nd med card on 8-7. Med resumed 2x daily on 8-7.

Starting in August and every month moving forward a med tech or nurse now monitors each med exchange with the pharmacy.

DIRECTED: Beginning on 9/15/25: The Health Care Director/designee shall review all medications and MAR's for at least 10 residents per week to ensure all prescribed medications are present in the home and available for administration and to ensure all medications are administered per prescribers' orders in accordance with 2800.187d.

█ 9/9/25

Proposed Overall Completion Date: 09/10/2025

Directed Completion Date: 09/17/2025

**Implemented (█ - 10/10/2025)****224a5 Written initial assessment****16. Requirements**

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

224a5 Written initial assessment (*continued*)

- i. The individual's need for assistance with ADLs and IADLs.
- ii. The mobility needs of the individual.
- iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.
- vi. The individual's need for special diet or meal requirements.

**Description of Violation**

Resident #2's medical evaluation, dated [REDACTED], includes diagnoses of Type 2 Diabetes, Depression, Hypothyroidism, and Chronic Respiratory Failure; however, these diagnoses are not indicated on resident #2's assessment, dated [REDACTED]

On 6/17/25, resident #3 was prescribed nectar thick liquids; however, this is not indicated on resident #3's assessment, dated [REDACTED]

Resident #6's medical evaluation, dated [REDACTED], includes diagnoses of Insomnia and deficiencies of other specified B group vitamins; however, these diagnoses are not indicated on resident #6's assessment, dated [REDACTED]

**Plan of Correction**

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

In response to violation 2800.225.a by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, Immediate: Resident #2, #3 and #6 assessments were updated on 8-22-2025 by Health Care Director. Health Care Director by 9-3-2025 will re-education will be provided to the team members who are authorized to assist with the assessments and support plan to ensure they align with the medical evaluation. All resident medical charts will be audited for compliance by 9-10-2025, by Health Care Director or designee. To prevent further violations Health Care Director or designee will review each medical evaluation upon completion and upon arrival to community to ensure that it aligns with the initial assessment. Compliance will be the responsibility of Health Care Director or nursing supervisor. Monthly audits of medical evaluation and assessments will occur to ensure compliance that they align with care. Audit to be conducted by Health Care Director or nursing supervisor. By 9-10-2025 Health Care Director or Assistant Health Care Director shall audit all resident records to ensure an accurate and complete assessment has been completed for each resident and is in the resident record. This information will be shared at the Quality Management meeting on 09/17/2025. Amendment: Checklist will begin being implemented 10-6-25. Twenty resident charts will be reviewed each month to ensure compliance with 224a5

Licensee's Proposed Overall Completion Date: 10/06/2025

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

## 225b Assessment content

**17. Requirements**

2800.

225.b. The assessment must, at a minimum include the following:

1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.

**Description of Violation**

According to numerous staff persons, resident #1 requires the assistance of one staff person to transfer in/out of bed/chair; however, resident #1's most recent assessment, dated [REDACTED], indicates resident #1 is independent with transferring in/out of bed/chair.

**225b Assessment content (continued)**

Resident #7's most recent medical evaluation, dated [REDACTED], includes diagnoses of Diabetes Mellitus, Gastroesophageal Reflux Disease (GERD) and Hyperlipidemia; however, these diagnoses are not indicated on resident #7's most recent assessment, dated [REDACTED]

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

In response to violation 2800.225.b by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, on 8-25-25 resident #1's assessment was changed to indicate resident #1 requires the assistance of one staff person to transfer in/out of bed/chair. On 8-25-2025 resident #7 assessment was changed to indicate diagnoses of Diabetes Mellitus, Gastroesophageal Reflux Disease (GERD) and Hyperlipidemia. The Health Care Director will establish a new checklist check list for resident charts to include assessments are aligned with resident care needs and medical diagnosis. The checklist will be completed and reviewed for a period of three months or until we reach 100% compliance. To enhance the current operations, by 9/24/2025 the Health Care Director will conduct training with all nurses in regulatory requirements and documentation for accurate assessment content. Documentation of completed education will be placed in the nurse's employment file. This information will be shared at the Quality Management meeting on 09/17/2025.

Amendment: Checklist will begin to be implemented 10-6-2025. Checklist will be used at the time resident assessments are completed and will include review of assessment to ensure compliance with 2800.225

Proposed Overall Completion Date: 09/24/2025

**Directed Completion Date:** 10/06/2025

**Implemented ( [REDACTED] - 10/10/2025)****233c Key-locking devices****18. Requirements**

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

On 8/7/25, the directions for operating the locking mechanisms in the residence's special care unit (SCU) were inaccurate at the following exit doors:

- The 1st floor exit door to elevator #1 had a key fob system with a sign indicating, "push button for staff assisted exit"; however, there was no push button next this door
- The 1st floor exit door to stairwell #1 had a key fob system with a sign indicating, "push button for staff assisted exit"; however, there was no push button next this door
- The 1st floor exit door to stairwell #2 had a key fob system with a sign indicating, "push button for staff assisted exit"; however, there was no push button next this door
- The 2nd floor exit door to stairwell #1 had a key fob system with a sign indicating, "push button for staff assisted exit"; however, there was no push button next this door
- The 2nd floor exit door next to the laundry room had a key fob system; however, there were no directions posted in a conspicuous place near this door

REPEAT VIOLATION: 10/17/2024, et. al.

**233c Key-locking devices (continued)****Plan of Correction****Accept ( [REDACTED] - 09/10/2025)**

*In response to the violation 2800.233c by the Pennsylvania Bureau of Human Services Licensing on 8-7-2025, by 9-10-25 Maintenance Director will remove signage from the 1st floor exit door to stairwell #1, the 1st floor exit door to stairwell #2 and the 2nd floor exit door to stairwell #1 that currently read to "push button for assistance". By 9-10-25 Maintenance Director will install signage that reads "seek staff person for assistance with exiting" on 1st floor exit door to stairwell #1, the 1st floor exit door to stairwell #2 and the 2nd floor exit door to stairwell #1 Residence Director will educate Maintenance Director on regulation 2800.233c by 9-12-2025. Once a month visual checks beginning 10/5/2025 will be conducted by Maintenance Director and will include a check of all SCU doors to ensure signage compliance and logged in binder to be kept in Maintenance Director office. The information outlined in this violation will be reviewed at the Quality Management meeting on 09/17/2025*

**Licensee's Proposed Overall Completion Date: 09/12/2025****Implemented ( [REDACTED] - 10/10/2025)**