

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

October 3, 2025

[REDACTED]
PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
[REDACTED]

RE: PRESBYTERIAN HOME
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 34340

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2025, 08/13/2025 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: PRESBYTERIAN HOME License #: 34340 License Expiration: 06/20/2026
 Address: 220 NEWRY STREET, HOLLIDAYSBURG, PA 16648
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/26/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident, Interim Exit Conference Date: 08/13/2025

Inspection Dates and Department Representative

08/12/2025 - On-Site: [REDACTED]
 08/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 33
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 1

Inspections / Reviews

08/12/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2025

09/16/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/02/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

Inspections / Reviews *(continued)*

09/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

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

10/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home 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 [redacted], resident [redacted] reported to staff member A, the home's administrator, that staff member B hit the resident in the face with [redacted] hand while helping the resident put on a sweater. An Act 13 was not completed and submitted to the local area agency on aging.

Plan of Correction

Accept [redacted] - 09/19/2025)

- 1. Act 13 form was completed and submitted to Blair Senior Services on 8/14/2025 at 6:02pm.
- 2. No other residents have been affected because of this deficient practice and there have been no other abuse reportable in the last quarter. Audit completed for July 2025 through present date, no other Act 13 forms founded. Completed by Personal Care Home Administrator.
- 3. The Personal Care Administrator will be educated by the Executive Director (or designee) by 10/1/2025 on the home's abuse reporting policy and the need to complete the Act 13 form with any abuse reports.
- 4. Any potential abuse allegation that may occur by from 9/12 forward will be audited weekly by the Personal Care Administrator and/or designee for two months to ensure that the Act 13 form was completed. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] 10/03/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] and [redacted] resident [redacted] was administered Lispro insulin that expired on [redacted]. The home did not report this incident to the Department until [redacted]

On [redacted] resident [redacted] was prescribed the following: 3-4 glucose tablets or 4-5 saltine crackers if their blood glucose is less than 70 and resident is able to swallow with or without symptoms, may repeat in 15 minutes if glucose remains low, and [redacted]%, one tube by mouth if blood glucose is less than 70 and resident is unable to swallow with or without symptoms, recheck blood glucose in 15 minutes. Resident [redacted] blood glucose measured less than 70 on the following occasions, none of the prescribed treatments were offered or administered to the resident, and the home did not report the incidents to the Department:

- [redacted], 5:00pm, blood glucose of [redacted]
- [redacted], 6:00am, blood glucose of [redacted]

16c Written Incident Report (continued)

- [REDACTED] 6:00am, blood glucose of [REDACTED]
- [REDACTED] 1:38am, blood glucose of [REDACTED]
- [REDACTED], 6:00am, blood glucose of [REDACTED]

Plan of Correction**Accept [REDACTED] - 09/19/2025)**

1. Resident [REDACTED] and Resident [REDACTED] did not have any ill effects following lack of reporting.
2. A 100% audit of Medication Administration Records (MARS) and medication carts will be completed by 9/30/2025 by the PC Administrator (or designee) going back to 9/1/2025, to ensure that no current residents had any medication errors that were not reported. As of 9/17/2025, reportable was completed and submitted by Personal Care Home Administrator.
3. Education will be provided to staff by Personal Care Administrator and/or designee on reporting any medication/treatment errors immediately and what is considered a med error. PC staff will be educated by 10/01/2025 on running a med/treatment administration report each shift to ensure no med errors.
4. Audits will be conducted starting 9/16/2025 once weekly on each shift to ensure that staff are completing a medication/treatment administration report each shift and that any potential errors were reported immediately. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)**65d - Initial Direct Care Training****3. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff member B, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff member did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction**Accept [REDACTED] - 09/19/2025)**

1. No residents had any ill effects as of a result of this deficient training documentation.
2. Audit will be conducted by the PC Administrator (or designee) by 10/1/2025 of all PC staff to ensure that they have completed their initial direct care training. If the training was not completed or records not available, all staff completed the training as a result of the audit. Staff member B training was completed on 08/21/2025. All new hires in the Personal Care will now complete the training during their two week orientation.
3. Personal Care Administrator will be educated by the Executive Director (or designee) by 10/01/2025 on ensuring that PC staff complete their initial direct care training prior to finishing their orientation.
4. An audit will be conducted bi weekly for two months beginning 10/01/2025 by the Personal Care Administrator and/or designee on all new PC hires hired after 8/14/25 to ensure they completed the initial direct care training within the two week orientation. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

65d - Initial Direct Care Training (continued)

Implemented [REDACTED] - 10/03/2025)

132h - Designated Meeting Place

4. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Residents [REDACTED] and [REDACTED] did not participate in the fire drill completed on [REDACTED] at 10:00 AM,

Plan of Correction

Directed [REDACTED] 09/19/2025)

1. No residents was harmed by this practice.
2. Audit completed 9/16/2025 noted on 9/12/2025 05:27am all 27 residents on census record participated in fire drill.
3. Education on designed meeting place will be provided monthly at resident council meeting to be completed on 9/18/2025 and continue to be reeducated at the resident council meeting moving forward. Education on designated meeting place will be provided by Personal Care Home Administrator (or designee) by 10/1/2025 to all staff.
4. Ongoing audits will be completed monthly with fire drill for 3 months. Audit results will be forwarded to the Quality Assurance Committe for review.

(Directed)

- Ongoing audits will be completed monthly with fire drill for 3 months beginning 10/1/25. Audit results will be forwarded to the Quality Assurance Committee for review.
- All staff will receive education on 2600.132(h) by 10/1/25.

Directed Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)

141a - Medical Evaluation

5. 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.

Description of Violation

Resident [REDACTED]'s medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. Resident [REDACTED] date of admission was [REDACTED] and the medical evaluation was completed on [REDACTED]

Repeated Violation - [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 09/19/2025)

1. Resident 8 had no ill effects as a result of the identified missing evaluation.
2. All residents’ DMEs will be audited by the PC Administrator (or designee) by 10/01/2025 to ensure that they were done per regulatory time frames.
3. PC Administrator will be educated by the Executive Director (or designee by 10/01/2025 that per regulation

141a Medical Evaluation (continued)

141a, 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.

4. Audits have been completed on all new admissions since 07/01/2025. Ongoing audits will continue weekly on all new admissions for two months to ensure that their medical evaluations had been completed within 60 days prior to admission or within 30 days after admission. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█) - 10/03/2025)

141a 1-10 Medical Evaluation Information

6. 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 █'s medical evaluation, dated █, did not include the physician's name, signature, date, or license number, the resident's ability to self administer medications, or the resident's list of medications.

Plan of Correction

Accept (█) 09/19/2025)

1. Resident █ had no ill effects from █ medical evaluation not being completed timely. A new DME for Resident █ was completed on 9/10/2025.
2. All residents' DMEs will be audited by the PC Administrator (or designee) by 10/01/2025 to ensure that all components are completed.
3. PC Administrator will be educated by the Executive Director (or designee) by 10/018/2025 that per regulation 141a 1 10 the Medical Evaluation must include all the appropriate components.
4. Audits will be conducted by PC Administrator or designee starting after 10/01/2025 on all new admissions weekly for two months to ensure that all DME's have no missing areas on the actual medical evaluation. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

141a 1-10 Medical Evaluation Information (*continued*)*Implemented* [REDACTED] - 10/03/2025)

182b - Prescription Medication

7. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

Description of Violation

On [REDACTED] during the AM medication administration time, staff member C, an unlicensed direct care staff member, administered TeriparatideX subcutaneous injection to resident [REDACTED]. The home did not have a waiver for an unlicensed direct care staff member to administer the this medication subcutaneously. .

Plan of Correction*Accept* [REDACTED] - 09/19/2025)

1. Resident [REDACTED] had no ill effects of being administered a prescription medication noted.
2. An audit will be done as done by PC Administrator (or designee) by 10/01/2025 to Identify staff members' diabetic training status. Staff were trained on 8/14/2025 also on 9/9/2025 for GLP-1. Waiver was applied for on 9/16/2025. Waiver was accepted and received on 9/18/2025.
3. PC Administrator will be educated by the Executive Director (or designee) by 10/01/2025 that per regulation 182b unlicensed staff cannot administer medication that can only be administered by a licensed staff. Education to all licensed staff to administer medication to Resident 8 daily in am. Order updated 9/17/2025. Special instructions for licensed staff only administering medication.
4. Audits will be conducted bi-weekly beginning 9/23/2025 on all new hires for two months to ensure the training was completed during orientation. Audit results will be forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED], prescribed for resident #9, was in the home's medication cart; however, the medication was discontinued on [REDACTED].

Plan of Correction*Accept* [REDACTED] R - 09/19/2025)

1. Resident [REDACTED] had not received any dosage post discontinuation on 7/29/25. The medication was removed from the

183d - Prescription Current (continued)

cart on 8/13/25 by the PC LPN.

2. An audit will be completed by 10/1/2025 by PC LPN (or designee) on all carts to ensure only medications with current orders are in each cart.

3. Education will be provided to PC staff by PC Administrator (or designee) by 10/1/2025 that per regulation 183d, the med carts shall not contain any medications for residents that do not have a current medication order.

4. Audits will be conducted by the Personal Care Administrator (or designee) beginning 10/01/2025 on each med cart once weekly for two months to ensure that there are no medications present that do not have a current medication order. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (redacted) - 10/03/2025)

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On (redacted), (redacted) pillow packet, belonging to resident (redacted), was ripped open on the top right corner of the packaging, exposing the pill to potential contamination.

Plan of Correction

Accept (redacted) - 09/19/2025)

1. Resident 9 had no ill will affects of the prescription medication packaging being torn.

2. Resident 9 medication that was torn was removed and replacement ordered. Carts were evaluated on 8/14/2025 by PC LPN. There were no other torn medication packages identified in the audit.

3. PC Administrator (or designee) will educate PC Staff by 10/1/2025 related to proper medication storage and if damaged package is identified process of disposing of and replacing any exposed medication and replacing it by calling the pharmacy.

4. Audits will be conducted by the PC Administrator (or designee) on each cart once weekly for 2 months beginning by 10/1/2025 to ensure there are no exposed medications. Audit results will be forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (redacted) - 10/03/2025)

184a - Resident's Meds Labeled

10. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

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

Resident [REDACTED] is prescribed [REDACTED] inject [REDACTED] subcutaneously in the morning for [REDACTED] however, the pharmacy label provided instructions to administer 10 units.

Resident [REDACTED] is prescribed [REDACTED] [REDACTED] with a sliding scale administration to administer 1 8 additional units of medication if the resident's blood glucose measures between [REDACTED] and [REDACTED]; however the pharmacy label provided instructions to administer 1 12 additional units of medication if their blood glucose measures between [REDACTED]

Resident [REDACTED] is prescribed [REDACTED], apply to where needed to pain topically every 24 hours as needed, apply to right hip and knee topically two times a day for pain, and apply 2 patches topically to right hip and right knee once daily and remove at night; however the pharmacy label provided instructions to apply 1 patch topically to affected areas as needed and remove per schedule.

Plan of Correction

Accept ([REDACTED] - 09/19/2025)

1. Resident [REDACTED] had no ill will effects of the 3 prescription medication labels not matching the provider's order for that medication. The labels were corrected on 8/13/2025 by PC LPN.
2. An audit will be conducted by 10/1/2025 by PC LPN (or designee) on all carts to ensure all residents' pharmacy labels match the order for dosing and instructions for administration.
3. Education will be provided by 10/1/2025 by PC Administrator (or designee) that per regulation 184a, the original container for prescription medications shall be labeled with a pharmacy label that includes the following: The prescribed dosage and instructions for administration.
4. Audits will be conducted by the PC Administrator (or designee) weekly for 2 months on 3 residents to ensure the residents prescription label matches the prescription order for dosing and instructions beginning by 10/1/2025. Audit results will be forwarded to the Quality Assurance Committee to review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)

185a - Implement Storage Procedures

11. 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 [REDACTED] is prescribed to have [REDACTED] blood glucose checked every morning and at bedtime, check PRN if showing low levels. On the following dates and times, the resident's glucometer indicated blood sugar readings which were not

185a - Implement Storage Procedures (continued)

documented in the resident's August 2025 Medication Administration Record (MAR):

- On [redacted] at 3:12 AM, blood glucose of [redacted].
- On [redacted] at 2:58 AM, blood glucose of [redacted].
- On [redacted] at 1:38 AM, blood glucose of [redacted].
- On [redacted] at 2:15 AM, blood glucose of [redacted].

On [redacted] resident [redacted] was prescribed [redacted] tablets or 4-5 saltine crackers if their blood glucose is less than 70 and resident is able to swallow with or without symptoms, may repeat in 15 minutes if glucose remains low. On [redacted], the glucose tablets were not available in the home.

Repeated Violation - [redacted], et al.

Plan of Correction

Accept [redacted] - 09/19/2025

1. Resident [redacted] had no ill effects as a result of this finding.
2. An audit will be conducted by the PC Administrator (or designee) by 9/22/2025 on current residents with glucometers devices to ensure that the glucometer readings match the MAR, and to ensure that current ordered medications are available.
3. On 8/5/2025 education was provided to staff by PC Administrator (or designee) that all glucometer readings must correspond with entries in the residents' MARs and that all ordered medications must be available. Ongoing education will be provided monthly at staff meetings to assure compliance is met.
4. Ongoing audits that begin no later than 10/1/2025 will be conducted by the PC Administrator (or designee) on three residents with glucometers weekly for two months to ensure that glucometer readings match the MAR documentation and that ordered medications are present. Audit results will be forwarded to the Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/03/2025

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted], apply to corner of mouth topically at bedtime for skin irritation. Resident [redacted]'s August 2025 Medication Administration Record (MAR) did not include the initials of the staff person who administered this medication on [redacted] at bedtime.

Resident [redacted] is prescribed only slippers or grippy socks to be worn every shift, and skin barrier film- no sting wipe- to be applied to toes every shift. Resident [redacted]'s August 2025 MAR does not include the initials of the staff person who administered the prescribed treatments and orders during the evening shift on [redacted]. On [redacted], staff member D documented the resident's tubi grips were applied at 10:00AM; however, staff member D stated the tubi grips were never applied.

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

Plan of Correction

Accept [redacted] - 09/19/2025)

1. Resident [redacted] had no ill effects of the medications/treatments not being documented properly.
2. An audit will be conducted by 9/22/2025 of current resident MARs and TARS by PC LPN (or designee) back through 9/1/2025 capturing any missed documentation.
3. Education will be provided by PC Staff by PC Administrator (or designee) by 10/1/2025 on ensuring all MAR and TAR documentation is documented accurately.
4. Ongoing audits will be conducted on three residents weekly for 2 months to ensure all MARs and TARs are documented correctly beginning no later than 10/1/2025. Audit results will be forwarded to the Quality Assurance Committee to review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/03/2025)

187d - Follow Prescriber's Orders

13. Requirements

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

Description of Violation

On [redacted] resident [redacted] was prescribed the following: [redacted] tablets or 4-5 saltine crackers if their blood glucose is less than [redacted] and resident is able to swallow with or without symptoms, may repeat in 15 minutes if glucose remains low, and [redacted] one tube by mouth if blood glucose is less than [redacted] and resident is unable to swallow with or without symptoms, recheck blood glucose in 15 minutes. Resident [redacted] blood glucose measured less than [redacted] on the following occasions; however, the above prescribed treatments were not administered to the resident and the glucose tablets were never made available in the home:

- [redacted]

On [redacted] resident [redacted] was prescribed blood glucose checks every morning, evening, and as needed (if having symptoms), and call the physician if blood glucose is less than [redacted]. The resident's physician was not notified of their blood glucose readings less than [redacted] on the following dates:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

187d - Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed [REDACTED], give 1 tablet by mouth every morning and at bedtime for [REDACTED]. On [REDACTED], this medication was "held per parameters" as indicated on the resident's August 2025 MAR's. However, prescribers orders did not include parameters for the administration of the medication.

On [REDACTED], resident [REDACTED] was prescribed blood pressure checks every shift with instructions to notify Pinnacle Hospice if systolic blood pressure was greater than [REDACTED] or diastolic blood pressure was greater than [REDACTED]. The resident's blood pressure was greater than [REDACTED] or [REDACTED] on the following occasions and Pinnacle Hospice was not notified:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

On [REDACTED], resident [REDACTED] was prescribed [REDACTED].1mg, give 1 tablet by mouth every 4 hours as needed for [REDACTED] pressure greater than [REDACTED] and/or diastolic blood pressure greater than [REDACTED]. The resident's blood pressure measured greater than [REDACTED] or [REDACTED] on the following occasions and Clonidine was not administered:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/19/2025)

1. Residents [REDACTED] and [REDACTED] had no ill effects because of this incident. Specific staff involved were provided individualized education on appropriate documentation by the PC Administrator.
2. Current resident MARs will be audited by 9/22/2025 back through 9/1/2022 to ensure provider's orders are being followed for blood glucose parameters and blood pressure parameters. If the orders were not followed, the provider will be notified.
3. Education will be provided to the Personal Care staff by the Personal Care Administrator (or designee) by 10/1/2025 that if a resident's prescribed orders for blood glucose and blood parameters are not followed, their provider must be notified timely.
4. Audits will be conducted by the Personal Care Administrator (or designee) on three random residents weekly for two months to ensure that blood glucose and blood pressure orders were followed beginning no later than 10/1/2025. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)

224a - Preadmission Screen Form

14. 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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/19/2025)

1. Resident [REDACTED] had no unfavorable impact caused by this screening form timing.
2. Audits of residents between 7/1/2025 to present will be conducted by PC Administrator (or designee) by 9/22/2025 to ensure the preadmission screen form was done within 30 days prior to admission.
3. Education will be provided by Executive Director (or designee) to Personal Care Administrator acknowledging the regulation code time frame.
4. Ongoing audits will be conducted on all preadmission screen forms done after 9/22/2025 beginning no later than 10/1/2025 ensuring they were completed in a timely manner. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([REDACTED] - 10/03/2025)

225c - Additional Assessment

15. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED], indicated the resident has no problems with orientation, irritability, judgement, aggression, hallucinations, communication, understanding of instructions, short-term memory, and only needs reminders at times when they are forgetful. However, multiple staff interviews indicated resident [REDACTED] is not oriented to person, place or time most of the day every day, shows some degree of confusion daily, does not recall staff, family members, or instructions, tested in the severe cognitive impairment range on their [REDACTED] BIMS (Brief Interview for Mental Status) exam, and gets agitated and angry quickly. The resident's assessment was never updated to reflect these changes.

Resident [REDACTED] assessment, dated [REDACTED], did not include the resident's diagnoses of [REDACTED], [REDACTED] for which the resident receives medications, assistance or treatments.

Resident [REDACTED] assessment, dated [REDACTED], indicated the resident is independent with transferring in/out of bed/chair, toileting, bowel and bladder management, ambulating, and has minimal mobility needs to evacuate in an emergency. However, the resident requires full assistance to evacuate the home in fire drills, needs one or two staff assistance to transfer in and out of bed, chair and wheelchair, needs staff to propel the resident's wheelchair, and needs physical assistance to complete most daily living skills including personal hygiene, dressing, toileting, incontinence care, and showers.

225c - Additional Assessment (continued)

Resident [redacted] s assessment, dated [redacted], indicated the resident does not have any problems with orientation, irritability, judgement, aggression, hallucinations, short and long term memory or understanding instructions, and requires some physical assistance when transferring in/out of bed/chair and with toileting. However, multiple staff interviews indicated that in August 2025, the resident required 1 and 2 person assists frequently to transfer out of bed, additional assistance needed to use the toilet, cursed at staff, refused to stand, was playing with their feces, hallucinating, and stated they were dying. The resident's assessment was never updated to reflect these changes.

Resident [redacted] assessment, dated [redacted], did not include the resident's psychological diagnoses of [redacted] or [redacted] for which the resident receives daily medications. The resident's assessment does not include the following medical diagnoses: [redacted] and [redacted] that require daily and as needed medication management.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 09/19/2025)

1. Residents [redacted] and [redacted] had no ill will affects by this practice. Resident [redacted] was discharged on [redacted]. Resident [redacted] and resident 11 assessments were corrected by 9/11/2025 by PC Administrator and PC LPN.
2. Current residents' assessments were audited by the PC Administrator (or designee) on 9/12/2025 to ensure that they reflect any resident changes.
3. The Personal Care Administrator and Personal Care staff were educated by the Executive Director (or designee) on 9/11/2025 that per regulation 225c, resident assessments should be updated with any significant changes in conditions.
4. Audits will begin no later than 10/1/2025 by the Personal Care Administrator (or designee) on two random residents for two months to ensure that any significant changes will be updated in the assessment. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] - 10/03/2025)

227e - Self Administer Medication

16. Requirements

- 2600.
- 227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

227e Self Administer Medication (continued)

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated the resident self administer medications with assistance in remembering schedule, offering medication at prescribed times, and opening container or locked storage area; however, has been assessed unable to self administer medications per the resident's medical evaluation, dated [redacted].

Plan of Correction

Accept ([redacted] - 09/19/2025)

1. Resident [redacted] is no longer in the home. Resident was discharged on [redacted].
2. Records of current residents will be audited by the PC Administrator (or designee) by 9/22/2025 to ensure that the medical evaluation and the RASP both reflect the same information about whether the resident can or cannot self administer medications.
3. Education will be provided to the Personal Care Administrator 10/01/2025 by the Executive Director (or designee) that per regulation 227e, the support plan must accurately indicate if the resident can self administer, receive medication reminders, or receive medication administration.
4. Audits will be conducted by the Personal Care Administrator (or designee) on two random residents weekly for two months beginning no later than 10/1/2025 to ensure that the residents' medical evaluation and RASPs accurately reflect how the resident takes their medications. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] - 10/03/2025)

227g -Support Plan Signatures

17. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident assessment and support plans for resident [redacted] completed [redacted], and resident [redacted] completed on [redacted] were not signed by the assessor.

Plan of Correction

Accept ([redacted] - 09/19/2025)

1. Resident [redacted] and Resident [redacted] had no unfavorable impact from this missing signature. Their assessments were signed by the assessor by 9/11/2025.
2. An audit of current resident's support plans will be audited by PC Administrator (or designee) by 10/1/2025 to ensure that the support plans have been signed by the assessor.
3. Education will be provided to the Personal Care Administrator on by 10/1/2025 by Executive Director (or designee) that per regulation 227g, individuals who participate in the development of the support plan shall sign and date the support plan.
4. An ongoing audit will begin no later than 10/1/2025 by conducted by the PC Administrator (or designee) on one resident support plan weekly for two months to ensure that the support plans have been signed by the assessor. Audit results will be documented and forwarded to the Quality Assurance Committee for review.

227g -Support Plan Signatures (continued)

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/03/2025)