

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

November 18, 2025

[REDACTED]
TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC
[REDACTED]

RE: TRANSITIONS HEALTHCARE SHOOK
HOME
55 SOUTH SECOND STREET
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33923

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2025 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: *TRANSITIONS HEALTHCARE SHOOK HOME* License #: *33923* License Expiration: *03/21/2026*
 Address: *55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *10/01/1994* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *08/27/2025*

Inspection Dates and Department Representative

08/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *45* Residents Served: *38*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

08/20/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/07/2025*

09/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/06/2025*

Inspections / Reviews *(continued)*

11/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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 [REDACTED] the home's license inspection summary, dated [REDACTED], was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 09/11/2025)

- On 8/20/2025 Administrator placed License Inspection summary from 11/21/2025 that cleared the Plan of Correction.
- PC Admin or designee will complete quarterly audits starting in 10/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [REDACTED] - 11/18/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 9:50am, the controlled substances book was unlocked, unattended, and accessible on the side of the "mid-floor" medication cart. The book contained the names of residents and prescribed medications including for resident [REDACTED]s, [REDACTED] tab and resident [REDACTED] [REDACTED] tab.

On [REDACTED] at 10:03am, there was a stack of papers on a shelf in the dining room that includes confidential resident information including: blood pressure checks for resident [REDACTED] and resident [REDACTED] a sheet of paper dated [REDACTED] with the blood pressure check of resident [REDACTED] resident [REDACTED] and resident [REDACTED] a sheet of paper that lists the resident names and room numbers including their do not resuscitate status including for resident [REDACTED] and resident [REDACTED]

On [REDACTED] the wood file cabinet in the dining room was unlocked, unattended, and accessible and includes the "Quarters Assignment Sheets" with resident names and types of care or assistance needed such as ADLs, toileting, meal reminder, AM/PM care, and removing leg wrap including for resident's [REDACTED] and [REDACTED]

17 Record Confidentiality (continued)

Plan of Correction

Accept [redacted] - 09/11/2025)

- On 8/20/2025 Narc book was placed inside cart and locked up inside cart with narcotics by PC Administrator.
- On 8/20/25 All papers in dining room and in wooden filing cabinet were removed by PC Administrator.
- Weekly audits will begin unannounced 9/8/2025 by PC Administrator or designee to audit Narc Book is locked up and no other confidential/protected health information is accessible to anyone other than resident, resident's designated person. or staff starting 10/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [redacted] 11/18/2025)

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

The home has video cameras that record in common areas including the dining room and laundry room, both areas are accessible to residents.

Plan of Correction

Accept [redacted] - 09/11/2025)

- Cameras were taken offline and disabled by Plant Operations on 9/5/2025. \
- PC Administrator or designee will complete quarterly audits to ensure cameras remain disabled and offline.
- PCHA or designee will report the results of audits to QAPI monthly to ensure the solutions are sustained overtime.

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

Implemented [redacted] - 11/18/2025)

60a - Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] from 10:00pm to [redacted] at 6:00am, there was no staff in the home with current medication administration training.

60a - Staff/Support Plan (continued)

On Friday, [REDACTED], from 10:00pm to Saturday [REDACTED] at 6:00am, there were no staff present in the home with current medication training.

On Saturday [REDACTED] from 6:00am to 2:00pm, and 2:00pm to 10:00pm, there were no staff present in the home with current medication training.

On Saturday [REDACTED] at 10:00pm through Sunday, [REDACTED] at 6:00am, there are no staff present in the home with current medication training.

Resident [REDACTED] is prescribed [REDACTED], 2 tablets as needed for pain, [REDACTED], 2 sprays each [REDACTED] as needed for dry nose and [REDACTED] as needed for [REDACTED]. Resident [REDACTED] is prescribed [REDACTED], give 2 tablets by mouth as needed for [REDACTED] nightly. Therefore, these services could not be provided, if necessary, due to lack of available direct care staffing in the home.

Plan of Correction

Accept [REDACTED] - 09/11/2025)

- A medtech who has previous training was hired for 10p-6a instead of using the RN from the attached SNF building for overnights. The start date is 9/8/2025.
- The SNF RN was utilized when a PRN or Medical need was made known by a resident and medications were administered per order.
- Other previously trained medtechs have been hired to help with the off shifts.
- The PC Administrator or designee will audit staff persons serving as Medication Technicians to ensure they successfully complete a Department-approved medications administration course that includes the passing of the Department's performance-based competency starting 10/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [REDACTED] - 11/18/2025)

63a - First Aid/CPR Training**5. 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 Friday [REDACTED] from 10:00pm until Saturday [REDACTED] at 2:00am, approximately 38 residents were present in the home. During this time there were no staff members present in the home who are certified in first aid and CPR.

63a - First Aid/CPR Training (continued)

On Friday [REDACTED] from 10:00pm until Saturday [REDACTED] at 2:00am, approximately 38 residents were present in the home. During this time there were no staff members present in the home who are certified in first aid and CPR.

On Saturday [REDACTED] from 2:00pm to 10:00pm, approximately 38 residents were present in the home. During this time there were no staff members present in the home who are certified in first aid and CPR.

Plan of Correction**Accept [REDACTED] - 09/11/2025)**

The Personal Care Home Administrator (or designee) will cause all current staff to be scheduled for training in First Aid and certified in obstructed airway techniques and CPR by 11/1/2025.

- The Personal Care Home Administrator (or designee) will cause all new hires to be trained in First Aid and certified in obstructed airway techniques and CPR as soon as practicable after onboarding.
- The Personal Care Home Administrator (or designee) will schedule at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR per shift each day, seven days per week.
- PC Administrator (or designee) will audit all staffs' First Aid and CPR certification expiration dates monthly to ensure they are current.
- The Personal Care Home Administrator (or designee) will educate all staff on the policy requiring at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR be present in the home at all times.
- The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 11/18/2025)**65d - Initial Direct Care Training****6. 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 A, hired on [REDACTED] began providing unsupervised ADL services. However, the staff member, did not complete and pass the Department-approved direct care training course and competency test.

Plan of Correction**Accept [REDACTED] - 09/11/2025)**

- Staff member was terminated last shift worked was 7/5/2025.
- Personal Care Home Administrator (or designee) will audit all staff training records to ensure completion and certification of direct care training or if exempt starting 10/3/2025.
- Personal Care Home Administrator (or designee) will retain copies of all certifications of completion of direct

65d - Initial Direct Care Training (continued)

care training in staff personnel files 10/3/2025.

- Personal Care Home Administrator (or designee) will ensure that all staff are required to have certification prior to working on floor by themselves 10/3/2025 .
- Personal Care Home Administrator (or designee) will incorporate direct care training completion with proof of training certification prior to orientation being completed 10/3/2025 .
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [REDACTED] 11/18/2025)

65g - Annual Training Content**7. Requirements**

2600.

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

Description of Violation

Staff members B and C did not receive training in the following topics during the training year January 2024 to December 2024:

1. Fire safety by a fire safety expert or staff trained by FSE
2. Emergency preparedness procedures
3. Resident rights
4. Older Adult Protective Services Act (OAPSA)
5. Falls and accident prevention
6. New population groups (if applicable)

Plan of Correction

Accept [REDACTED] - 09/11/2025)

- Staff member B and C work in ancillary departments of the facility.
- Personal Care Home Administrator will collaborate with other department heads for ancillary staff to ensure that annual training is complete. PC Administrator will also keep record of annual trainings completed by 10/3/2025.
- Personal Care Home Administrator (or designee) will incorporate direct care training completion with proof of training certification prior to orientation being completed.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

65g Annual Training Content (continued)

Implemented [redacted] - 11/18/2025)

91 Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room [redacted] occupied by resident [redacted] and room [redacted] occupied by resident [redacted]

Plan of Correction

Accept [redacted] - 09/11/2025)

- Personal Care Home Administrator did audit of all rooms on 8/20/25, rooms with missing numbers were replaced.
- Personal Care Home Administrator (or designee) will conduct monthly audits to ensure emergency telephone numbers are posted in every occupied room by 10/3/2025.
- The task of checking for numbers to be posted will be added to the PCA duties list to check weekly on rounds during shift change at 2pm by 10/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [redacted] - 11/18/2025)

107d Procedure Emergency Management Agency Submission

9. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been sent to the Borough of Chambersburg since [redacted].

Plan of Correction

Accept [redacted] - 09/11/2025)

- Safety Committee has been working on revising the Emergency Plan over the meetings this year to make the plan up to date.
- The Homes Written Emergency Plan will be completed and submitted by 11/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

107d Procedure Emergency Management Agency Submission (continued)

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] 11/18/2025)

132h - Designated Meeting Place

10. 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

During the fire drill held on [REDACTED] at 3:15pm, there were 36 residents in the home however, only 34 evacuated to a designated meeting place away from the building or within the fire safe area.

During the fire drill held on [REDACTED] at 10:00am, there were 39 Residents in the home, however, only 31 residents evacuated to a designated meeting place away from the building or within the fire safe area.

Plan of Correction

Accept [REDACTED] - 09/11/2025)

- On 8/27/2025 Personal Care Home Administrator completed Aduit of residents in home during fire drill. During the audit from fire drill conducted 3/17/2025 2 residents were not in the facility to evacuate. One resident was behind the fire door in the skilled nursing facility during the drill. The second resident was in another facility at the time, therefore was not able to be evacuated due to being in another facility. The census was 38 and 36 were evacuated during drill as 36 residents remained in the building.
- On 8/27/2025 Personal Care Home Administrator completed Audit of residents in home during fire drill. During the audit from 1/23/2025 8 residents were in the beauty shop which is behind the fire doors in the skilled facility. These residents were already "evacuated" into the area that the residents would meet on the other side of the fire doors during a drill. Census was 39 with 31 evacuated.
- Personal Care Home Administrator will document going forward on the fire drill log the location of any resident not evacuated or why effective 9/5/2025.
- Plant Operations Director will review each Fire Drill log and report to QAPI.
- Plant Operations Director (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [REDACTED] - 11/18/2025)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 initial medical evaluation dated ■■■■ did not include determinations for section ■■■ Body Positioning and Movement. However, the resident uses a walker and has a bedside mobility device installed on ■■■ bed.

Resident ■■■'s annual medical evaluation does not include a determination for section ■■■ Special Health or Dietary Needs; and the evaluation was signed by the physician on ■■■■ however, does not include the date resident was evaluated and date form completed.

Resident ■■■'s annual medical evaluation dated ■■■■ did not include determinations for section ■■■ Special Health or Dietary Need.

Plan of Correction

Accept ■■■ - 09/11/2025)

- Resident ■■■ was admitted to facility on 3/31/2025, DME was completed on 4/3/2025. At the time of the DME completion Resident did not have orders for a walker or an enabler. The R side enabler was ordered on 4/8/2025 and the walker was ordered on 5/27/2025.
- Resident ■■■ and ■■■ been placed for the dr to complete and correct the sections not completed on the DME 9/9/2025.
- Personal Care Home Administrator completed audit of all DMEs and no further missing information was found 9/1/2025.
- Personal Care Home Administrator (or designee) will now be assigned to review each DME at time of completion by signing physician to ensure completion of all sections starting 9/1/2025.
- Personal Care Home Administrator (or designee) will complete monthly audits on DMEs completed that month starting 9/1/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented ■■■ - 11/18/2025)

185a - Implement Storage Procedures

12. 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 [redacted] give 2 tablets by mouth every 4 hours as needed for pain/fever; however, the medication was not in the medication cart or otherwise in the home.

Resident [redacted] is prescribed [redacted], give 2 tablets by mouth as needed for [redacted] nightly. However, the medication was not in the medication cart or otherwise in the home.

Resident [redacted] is prescribed the following medications scheduled to be administered at 8:00pm daily but these medications were not in the medication cart or otherwise in the home; the medication was last administered [redacted] at 8:00pm:

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

Resident [redacted]s glucometer was reviewed, and several glucometer readings were not recorded on the MAR, including the following:

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

Plan of Correction

Accept [redacted] - 09/11/2025)

- On 8/20/2025 the APAP was ordered for resident [redacted] and received from the pharmacy,
- Resident [redacted] the son who picks up the medication had a severe heart attack and was unable to pick up medication for resident. Plan was made to transport resident to Walmart to get medications, daughter in law picked them up and delivered 8/21/2025.
- Personal Care Home Administrator has discussed with daughter in law switching pharmacy to one that will deliver to alleviate missed medications.
- Resident [redacted] was having abnormally high blood glucose readings where [redacted] was placed on a sliding scale. During the adjustment of [redacted] insulin and UTI resident was having extra glucose checks per [redacted] request and as a nursing measure. Staff were educated that they must provide documentation in Point Click Care to explain why there are extra readings in the glucometer.
- Personal Care Home Administrator (or designee) will audit all glucoscans weekly to ensure blood sugar checks are being completed properly per physician's order, all glucoscans correlate with date and time of orders. o extra glucoscans completed without documentation starting 9/12/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

185a - Implement Storage Procedures (*continued*)*Implemented* [REDACTED] - 11/18/2025)

227d - Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED]'s support plan dated [REDACTED] indicates that the resident has an enabler bar; however, it does not include the need for the enabler bar, the type of enabler bar, or its use.

Plan of Correction*Accept* [REDACTED] - 09/11/2025)

- Resident [REDACTED] was working with PT and OT with transferring and were using the enabler. The order was not obtained from physician until 4/8/2025 the RASP was completed prior to the order being signed. Therapy had asked for the order from the physician.
- Personal Care Home Administrator (or designee) will educate staff on documentation to the support plan must include the need for care services, type of services, or use of services.
- Personal Care Home Administrator (or designee) will complete audit on all RASPS and then continue monthly to ensure all RASPS have detail for the need for care services, type of services, or use of services by 10/3/2025.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

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

Implemented [REDACTED] 11/18/2025)