pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CJAJ, INC.**
LEGAL ENTITY

To operate **REST ASSURED RESIDENTIAL LIVING**
NAME OF FACILITY OR AGENCY

Located at **1137 SHIRLEYS HOLLOW ROAD, MEYERSDALE, PA 15552**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **32**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

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

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 13, 2025** until **November 13, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **340360**

ISSUING OFFICER

DEPUTY SECRETARY

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

Emailing Date: November 13, 2025

CJAJ, Inc.

RE: Rest Assured Residential Living
1137 Shirleys Hollow Road
Meyersdale, PA 15552
Certificate#: 340360

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on August 26, 2025, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

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

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

November 12, 2025

CJAJ, INC.

RE: REST ASSURED RESIDENTIAL LIVING
1137 SHIRLEYS HOLLOW ROAD
MEYERSDALE, PA, 15552
LICENSE/COC#: 34036

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *REST ASSURED RESIDENTIAL LIVING* **License #**: *34036* **License Expiration**:

Address: *1137 SHIRLEYS HOLLOW ROAD, MEYERSDALE, PA 15552*

County: *SOMERSET* **Region**: *CENTRAL*

Administrator

Name:

Legal Entity

Name: *CJAJ, INC.*

Address:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/08/2007* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *45* **Waking Staff**: *34*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal* **Exit Conference Date**: *08/26/2025*

Inspection Dates and Department Representative

08/26/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *25*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *32* **Residents Served**: *25*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *25*
Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *20* **Have Physical Disability**: *2*

Inspections / Reviews

08/26/2025 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/26/2025*

09/29/2025 - POC Submission

Submitted By: **Date Submitted**: *10/30/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/06/2025*

Inspections / Reviews *(continued)*

10/09/2025 - POC Submission

Submitted By: [redacted]
Date Submitted: *10/30/2025*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date:** *11/01/2025*

11/12/2025 - Document Submission

Submitted By: [redacted]
Date Submitted: *10/30/2025*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarm Standards Act, if the Carbon Monoxide (CO) alarm operates by a battery, the battery must be labelled with the date of installation and be replaced at least once annually. On 8/26/25, the battery in the CO alarm located in the kitchen was last replaced on 10/2/23.

According to 34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, ff a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. On 8/26/25, the boiler certificate for the cast iron hot water heater located in furnace room #4 expired on 8/16/25.

Plan of Correction ***Accept █ - 10/07/2025)***

On 8-26-25 the kitchen staff changed the battery at the time the deficiency was identified. Administrator was educated by surveyor on 8-26-25. Maintenance was educated on requirements on 9-17-25. To ensure future compliance a monthly maintenance checksheet has been created to inspect monitors and to change and label batteries changed yearly in August.

On 9-17-25 a inspection of the boiler was performed on the broiler by the PA Department of Labor and Industry. Administrator was educated by surveyor on 8-26-25. Maintenance was educated on 9-17-25 by Labor and Industry inspector A monthly maintenance checklist was created for maintenance to ensure compliance to be initiated on 10-1-25.

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

Implemented █ - 11/12/2025)

42s - Privacy

2. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 8/26/25, an agent of the Department watched a video recording of 4 residents napping in recliners in the common area of the home from 8/24/25 at 11:26 AM.

Plan of Correction ***Accept (█ - 10/07/2025)***

On 8-28-25 administrator was educated by surveyor. On 8/29/2025 installer of camera systems, CHIP's Network was instructed of need for change to camera systems. They then disabled all video recording and playback features of the Reolink camera systems in all common areas of the home. The Personal Care Home Administrator (PCHA) will complete a monthly checklist starting 10-1-25 to ensure cameras do not violate resident privacy in common areas.

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

Implemented █ - 11/12/2025)

42s - Privacy *(continued)*

63a - First Aid/CPR Training

3. 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

From 7:00 PM on 8/11/25 to 7:00 AM on 8/12/25, 25 residents were present in the home. During this time, no staff persons were present in the home who were certified in First Aid and CPR.

From 11:00 PM on 8/13/25 to 7:00 AM on 8/14/25, 25 residents were present in the home. During this time, no staff persons were present in the home who were certified in First Aid and CPR.

On 8/16/25, from 6:00 AM to 3:00 PM, 25 residents were present in the home. During this time, no staff persons were present in the home who were certified in First Aid.

From 7:00 PM on 8/16/25 to 7:00 AM on 8/17/25, 25 residents were present in the home. During this time, no staff persons were present in the home who were certified in First Aid and CPR.

Plan of Correction ***Accept ██ - 10/09/2025)***

On 9-10-25 administrative assistant performed a chart audit of CPR and first aid cards. AHA approved classes for all staff members who need renewals in the next 3 months as well as those individuals who do not have First Aid are scheduled for 9/29/25 and 10/6/25. Staff members were educated on 9-11-25 by PCHA about the importance of ensuring CPR/First Aid cards remain active. Starting 10-1-25 the administrative assistant will perform a bi-annual inspection of cards to monitor expiration dates.

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

Implemented ██ - 11/12/2025)

82c - Locking Poisonous Materials

4. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/26/25, at 10:08 AM, a bottle of Derma Klenz wound cleaner and a tube of Remedyl clinical protect, with a manufacture's label indicating "if swallowed get medical help or contact poison control", were unlocked, unattended, and accessible to resident #2. Not all the residents of the home, including resident #2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ██ - 10/09/2025)***

On 8-26-25 @ 6:15pm Derma Klenz and Remedyl clinical protectant were moved to secured cabinet in resident #

82c - Locking Poisonous Materials (continued)

█'s room by PCHA. On 8-27-25 the PCHA performed a check of all other resident rooms to ensure compliance. PCHA will conduct education to staff on 10-15-25 at staff meeting to ensure that staff understand that any item with a manufacture's label indicating "if swallowed get medical help or contact poison control" must be kept in a secure location for resident safety. Starting 10-15-25 weekly room checks will be conducted by medication technicians to ensure that all poisonous materials are locked up.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Implemented █ - 11/12/2025)

102i - Soap Dispenser

5. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 8/26/25, at 10:23 AM, there were 5 unlabeled, used bars of soap in the second-floor shared bathroom.

Plan of Correction ***Accept █ - 10/09/2025)***

On 8-26-25 @ 6:00pm PCHA removed bars of soap from shower and disposed of them. On 8-27-25 the PCHA purchased containers for both residents. On 8-27-25 residents were educated about the provided labeled containers labeled with their names to store desired soap in. On 8-27-25 staff were also educated by the PCHA about residents having individual labeled containers for soap. Starting 9-1-25, Housekeeping will monitor soaps weekly when performing deep cleans of residents rooms.

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

Implemented █ - 11/12/2025)

125a - Combustible Storage

6. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 8/26/25, 10:16 AM, there was a cardboard box of air filters stored near the gas-powered hot water heater in furnace room #3.

Plan of Correction ***Accept █ - 10/09/2025)***

On 8/26/25 at 10:16am PCHA was educated by surveyor and removed cardboard box of air filters immediately in the presence of surveyor. Maintenance was educated on 9-17-25 All other staff will be educated on this at the October 15, 2025 staff meeting. A monthly maintenance check off list to include checking all furnace rooms to ensure no combustible or flammable materials are present will begin on 10-1-25.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Implemented █ - 11/12/2025)

132b - Safety Inspection/Fire Drill

8. Requirements

132b - Safety Inspection/Fire Drill *(continued)*

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 8/8/24.

Plan of Correction ***Accept - 10/09/2025)***

On 8-26-25 PCHA was educated by surveyor, On 8/29/25 a fire safety inspection and drill was conducted by the Wellersburg Volunteer fire department. Starting 10-1-25 PCHA will complete scheduling of yearly inspection of the facility annually in August.

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

Implemented (- 11/03/2025)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 6/30/25. The previous sleeping hours fire drill was conducted on 10/20/24.

Plan of Correction ***Accept - 10/09/2025)***

Fire drill was conducted on 6/30/25. On 9-17-25 Maintenance was educated on sleeping fire drill requirements by the PCHA. Starting 10-1-25 Maintenance will complete sleeping fire drills twice a year in the months of April and October. PCHA will provide ongoing monitoring in April and October to ensure fire drills are completed as required.

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

Implemented (- 11/12/2025)

141b1 - Annual Medical Evaluation

10. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on /24.

Plan of Correction ***Directed (- 10/09/2025)***

Resident 3's DME had been sent to hospice physician several times for completion but never returned. After inspection on 8/26/25 another call was made to about the need for return of completed DME. It was returned with a completion date of 6/24/25 when was accessed by the provider. On 9-24-25 an audit of all records was completed by administrative assistant to ensure all other DME's are in compliance. ON 10-1-25 a spreadsheet of resident DME dates has been created so that the PCHA can track due dates on residents in an organized manner. Starting 10-1-25 administrative assistance will perform audits of DME's every 6 months to ensure compliance.

[Directed]

141b1 - Annual Medical Evaluation (continued)

- *In addition to the steps above, the administrator or designee will educate the administrative assistant on this regulation by 10/24/25. Documentation of this education will be kept and available for review by the Department.*

Directed Completion Date: *10/24/2025*

Implemented ███ - 11/12/2025)

183e - Storing Medications

11. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 8/26/25, Mucous relief 600mg prescribed for resident #4 was in the home's medication cart; however, this medication expired on 1/4/25.

On 8/26/25, Hyoscyamine Sulfate 0.125mg prescribed for resident #6 was in the home's medication cart; however, this medication expired on 7/4/25.

On 8/26/25, Docusate Sodium 100mg prescribed for resident #6 was in the home's medication cart; however, this medication expired on 8/24/25.

Plan of Correction ***Accept ███ - 10/09/2025)***

On 8/26/25 at the time expired medications were discovered they were disposed of by PCHA and medtech. Medication technicians were educated at staff meeting on 9-17-25 and will have repeat education on 10-15-25 by PCHA on reading expiration dates on medications. To ensure future compliance, Starting 10-1-25 facility Med tech on night shift the 1st of every month will be responsible for checking expiration dates on all medications to ensure that expired medications are not present in facility. If medications are found to be expired med tech will be responsible for wasting those medications and ordering needed replacements from pharmacy.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Implemented ███ 11/12/2025)

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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #1 is prescribed Bisacodyl 10mg and Milk of Magnesia as needed. On 08/26/25, these medications were not available in the home.

The following discrepancies occurred between the blood sugar readings on resident #2's glucometer and the documented blood sugar readings on resident #2's medication administration record (MAR):

- *On 8/14/25, at 7:00 AM, the documented blood sugar reading on the resident's MAR was 148. However, this reading was not in the resident's glucometer.*
- *On 8/16/25, at 4:00 PM, the documented blood sugar reading on the resident's MAR was 309. However, the reading in the resident's glucometer was 308.*
- *On 8/17/25, at 4:00 PM, the documented blood sugar reading on the resident's MAR was 183. However, the reading in the resident's glucometer was 186.*

Plan of Correction ***Accept [redacted] - 10/09/2025)***

On 8/27/25, Resident #1's prn Bisacodyl and Milk of Magnesia were ordered by the medtech from the pharmacy to ensure they were present in the facility. On 9-17-25 MedTech's were educated about checking resident prn medications and reordering them. Starting 10-1-25 medtech will be responsible for performing monthly checking of resident PRN medication orders to available medication in the facility for the resident the first week of each month.

On 8/27/25 medtech made an addendum was to resident # 2's records to reflect the correct blood glucose readings as displayed on the residents meter. On 10/1/25 PCHA performed an audit of all glucometers for September. On 10-15-25 at staff meeting all med techs will be educated on process for checking glucometers to MAR. Starting 11/1/25 med techs will be responsible for checking resident glucometers to recorded glucose readings in MAR the first week of each month for the prior month. Any discrepancies identified will be reported to PCHA and addressed as part of Quality Assurance for tracking.

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

Implemented [redacted] - 11/12/2025)

187d - Follow Prescriber's Orders

13. Requirements

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

Description of Violation

Resident #2 is prescribed Oxybutynin 5mg with orders to take 1 tablet in the morning. However, this medication was not administered to resident #2 on 8/14/25, 8/15/25 and 8/20/25 through 8/25/25, at 8:00 AM, because the medication was not available in the home.

Resident #3 is prescribed Docusate Sodium 100mg with orders to take 1 capsule daily. However, this medication was not administered to resident #3 on 8/5/25 and 8/6/25, at 8:00 AM, because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident #3 is prescribed Valacyclovir 1gm with orders to take 1 tablet three times daily for 7 days. However, this medication was not administered to resident #3 on 8/19/25 at 8:00 PM, on 8/20/25 at 8:00 AM and on 8/20/25 at 2:00 PM because the medication was not available in the home.

Plan of Correction ***Accept - 10/09/2025)***

Resident #2 was prescribed oxybutynin however medication was not packaged in all of the medication blister packs for the resident by the residents preferred pharmacy. The pharmacy had been notified of this on 8-12-25 by administrative assistant when new blister packs of medications arrived; however, additional doses had not been sent. Residents PCP had been notified of this via phone by administrative assistant. On 9-11-25 an order was received from PCP discontinuing medication for resident. In order to ensure this does not occur in the future residents has agreed to allow resident medications to be sent to facility in bottles instead of multi medication blister packs.

Resident #3 did not receive ordered Docusate sodium on 8/5 and 8/6 as it had not yet arrived from the pharmacy.
Resident # 3 did not receive Valacyclovir 1 gram on listed dates as prescription had not arrived from pharmacy to be initiated. Residents physician was notified of this on 8/26/25 by administrative assistant and orders were sent to continue the medication until completed by PCP.

On 9-17-25 PCHA provided education to administrative assistant about following the directions of the prescriber and the process of performing a medication cart audit each month. Starting 10-1-25 Administrative assistant will perform and audit of med carts monthly and report findings back to PCHA.

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

Implemented - 11/03/2025)

191 - Resident Right to Refuse

15. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #3, admitted to the home on /24, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #5, admitted to the home on /25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse *(continued)*

Plan of Correction ***Directed - 10/09/2025)***

On 8/26/25 PCHA and administrative assistant were educated by the surveyor. On 9/18/25 an Addendum H was added to the Resident's contract by the PCHA to ensure residents are educated about their right to refuse and question medications at the time of admission. On 10-3-25 Administrative assistant conducted an audit of all charts to ensure compliance and reported back to PCHA. Starting 10-15-25 It will be the responsibility of administration to ensure that residents understand this addendum and sign at the time of completing admission contract.

[Directed]

- *Beginning no later than 10/15/25, the administrator, administrative assistant or designee will complete quarterly audits of new admission records to ensure compliance. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *10/15/2025*

Implemented (- 11/12/2025)

225a - Assessment 15 Days

16. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on /25; however, the resident's initial assessment was not completed until 1/25.

Plan of Correction ***Accept 10/09/2025)***

On 8/26/25 PCHA and administrative assistant received education from state surveyor. Initial assessment for resident #1 was completed on 4/21/25 however it was not dated by administrative assistant. On 9/17/25 dates were corrected on initial assessment for resident by PCHA. Date present of 5/1/25 was the date plan was signed by family. In order to ensure compliance PCHA conducted an initial audit of all charts on 10-2-25. The educated administrative assistant on 10-2-25 about regulation and timeline for completing assessments. Starting 10-15-25 PCHA will review any assessments completed by administrative assistant with 10 days of completion.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Implemented - 11/12/2025)

231f - Assessed Annually

17. Requirements

2600.
231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #2's current support plan, dated 24, does not indicate the resident was assessed for the need for the secured dementia care unit.

231f - Assessed Annually *(continued)*

Plan of Correction ***Accept - 10/09/2025)***

On 8-26-25 education was provided to PCHA and administrative assistant by surveyor or regulation. On 9-3-25 RASP for Resident #2 was updated by PCHA to include the assessment for the need for a secure dementia care unit as present on DME. Administrative assistant will conduct and audit of all RASP's by 10-15-25 and report findings to PCHA. Starting 11-1-25 Administrative assistant will conduct and audit on all RASP's every 6 months for compliance.

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

Implemented C - 11/12/2025)

233c - Key-Locking Devices

18. Requirements

2600.
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 8/26/25, the directions for operating the home's locking mechanism were not conspicuously posted near the exits from the Secure Dementia Care Unit (SDCU) located across from resident room #109, resident room #, the SDCU laundry room and near the stairwell exiting the SDCU.

Plan of Correction ***Accept 10/09/2025)***

On 8/27/25 following inspection on 8/28/25 administrative assistant labeled all exit doors both interior and exterior with new operating instructions. On 9/17/25 maintenance was educated on the regulation and process for monthly audits by PCHA. Starting 10-1-25 maintenance will be responsible for monthly audits on doors for operations.

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

Implemented - 11/12/2025)

252 - Record Content

19. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction ***Accept (- 10/09/2025)***

On 8-26-25 PCHA and administrative assistant were educated by surveyor on regulation. On 8-27-25 the administrative assistant took an updated picture of Resident #2 and placed it in residents record. On 8-27-25 administrative assistant also conducted an audit of all resident photos and updated to ensure compliance with requirement. Starting 12-1-25 administrative assistant will conduct an annual photo day to ensure residents have current photos in file.

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

Implemented 11/12/2025)