

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

December 23, 2025

[REDACTED]
STONERIDGE RETIREMENT LIVING COMMUNITIES, INC
[REDACTED]

RE: STONERIDGE POPLAR RUN
450 EAST LINCOLN AVENUE
MYERSTOWN,, PA, 17067
LICENSE/COC#: 30899

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *STONERIDGE POPLAR RUN* License #: 30899 License Expiration: 09/11/2026
 Address: 450 EAST LINCOLN AVENUE, MYERSTOWN,, PA 17067
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *STONERIDGE RETIREMENT LIVING COMMUNITIES, INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/08/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/11/2025*

Inspection Dates and Department Representative

09/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *22*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/11/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2025*

10/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/31/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2025*

Inspections / Reviews *(continued)*

10/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/01/2025

12/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

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] staff member A was informed by residents [redacted] and [redacted] that a staff member "pushed" resident [redacted] into bed. This incident was reported to staff person B on [redacted] at 11:00 AM. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 10/10/2025)

After further investigation, Resident [redacted] stated that [redacted] was not thrown or pushed but that agency nurse in question had just been a little rough with [redacted]. At that time we issued a final report to the Department reporting the final investigation results and made a judgement call that it did not rise to abuse necessary to be reported to the Agency on Aging.

After discussions with the on-site surveyor on 9/11/25, Staff Members B & C were re-educated that we should report any items that even come close to "Abuse" to all required governing bodies. We will institute this practice in the future.

An Act 13 was submitted to the Lebanon Area Agency on Aging on 10/07/2025 (See Attached) by Staff Member C.

Staff Members B and C are responsible for reporting incidents and abuse. They re-educated themselves on abuse reporting by reviewing the RCG for Section 2600.15.a.

In addition, all staff were re-educated on abuse reporting by Staff Member C on October 9, 2025, See attached,

Beginning October 7, 2025, Staff Members B & C will dual control all incident and abuse reporting to monitor that all proper channels are contacted timely.

Staff Member C will begin the practice of an incident log that will maintain all incidents reported and the reporting Staff Member will have to sign and date when the incident has been reported to the proper Departments/Channels. Staff Member will C will monitor the log to ensure that all incidents are timely submitted. (Directed) **Incident logs will be implemented beginning October 13, 2025 and Staff Member C will monitor weekly-**[redacted]

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 12/23/2025)

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).

16c - Written Incident Report (continued)

Description of Violation

On [redacted], staff member C, the home's COO, was informed that a staff member was not available to administer medications during the evening shift from 3:30 PM until 11:00 PM, resulting in multiple residents not receiving their scheduled medications as follows:

[redacted] at 4:00 PM

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

[redacted] at 5:00 PM

- [redacted]

[redacted] at 8:00 PM

- [redacted]
- [redacted] -Enta

The home did not report these incidents to the Department.

Plan of Correction

Accept [redacted] 10/10/2025)

It was the understanding of Staff Member B and C that the contracted Personal Care Home Administrator at the time had properly reported the missed medications to the Department properly. We were not made aware that it had not been reported until the survey on 9/11/2025. Staff Member B as the current Personal Care Home Administrator will make sure that all such future incidents are properly reported to the proper agencies.

An incident report (attached) was submitted to the Department on October 7 by Staff Member B.

Staff Member C re-educated staff on October 9 regarding timely and accurate incident reporting and the process to follow. See attached.

Beginning October 7, 2025, Staff Members B & C will dual control all incident and abuse reporting to monitor that all proper channels are contacted timely.

Staff Member C will begin the practice of an incident log that will maintain all incidents reported and the reporting Staff Member will have to sign and date when the incident has been reported to the proper Departments/Channels. Staff Member will C will monitor the log to ensure that all incidents are timely submitted. **(Directed) Incident logs will be implemented beginning October 13, 2025 and Staff Member C will monitor weekly [redacted].**

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 12/23/2025)

17 - Record Confidentiality

3. Requirements

2600.

17 Record Confidentiality (continued)

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 9:00 AM the following residents' records were unlocked, unattended, and accessible in the front lobby of the home:

- Resident [REDACTED]'s script for lab work which included the residents date of birth, medical insurance information, contact information, and diagnosis of injury.
- Resident [REDACTED] lab work results obtained on [REDACTED]
- Resident [REDACTED] face sheet to include list of allergies, medical insurance information, pharmacy information, date of birth, social security number, age, sex, height, weight, religion, eye color, hair color, race.
- Resident [REDACTED] POLST that included medical intervention wishes and [REDACTED] living will.
- Resident # [REDACTED] POLST that included medical intervention wishes.

Plan of Correction

Accept [REDACTED] - 10/10/2025)

Staff Member B made sure that the cart that contained binders with resident information was moved from behind the nurses' station to a locked office on 9/11/2025.

All staff were re educated on 2600.17 on October 9 by Staff Member C. See attached.

Beginning October 7, 2025, Staff Members B & C will monitor common areas weekly to ensure no resident records are left unattended and maintain a log of the weekly checks and any exceptions.

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

Implemented [REDACTED] - 12/23/2025)

23b - Instrumental Activities of Daily Living Assistance

4. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] assessment and support plan, dated [REDACTED], indicated the resident is diagnosed with [REDACTED] [REDACTED], requires assistance with vision, is almost blind, and staff are assist [REDACTED] in all areas of blindness that includes assistance with any writing correspondence. On [REDACTED], resident [REDACTED] did not receive this assistance as required when trying to fill out their meal item choices. Another resident assisted resident [REDACTED] by reading the menu items on a menu card for the next few meals and writing resident [REDACTED] choices on the menu card to be submitted to dietary staff.

Plan of Correction

Accept [REDACTED] - 10/10/2025)

All staff was re educated by Staff Members B and C regarding Resident [REDACTED] assessment and support plan and the specialized needs they have. This was addressed in additional education to all staff from Staff Member C on October 9 (See attached).

23b - Instrumental Activities of Daily Living Assistance (continued)

Resident #4 was also educated on the need to allow staff to perform their duties.

To ensure on-going compliance, Staff Member B or C will check in monthly starting on October 10 with Resident [REDACTED] to make sure [REDACTED] is receiving the assistance needed from staff members. Staff Member C will document the conversations in the residents' electronic chart.

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

Implemented [REDACTED] - 12/23/2025)

25b - Contract Signatures

5. Requirements

2600.

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

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] 10/10/2025)

Resident #3's assessment and support plan, dated 7/23/24, indicated the resident is diagnosed with Macular Degeneration, requires assistance with vision, is almost blind, and staff are assist [REDACTED] in all areas of blindness that includes assistance with any writing correspondence. The Personal Care Home Administrator at that time is no longer with the organization so we can not be certain, but the assumption is that Resident #3 was unable to sign for herself based on [REDACTED] blindness. In the future, Staff Member B will ensure that if a resident is unable to sign based on a physical condition, a note will be included that they were offered the opportunity to do so.

Staff Member C met with Resident #3 on October 9 to review the contract and gave [REDACTED] the opportunity to sign the contract. [REDACTED] stated due to [REDACTED] vision, [REDACTED] was unable to sign. Staff Member C made a note of the inability to sign on the contract.

Education on 2600.25 (b) was provided to all staff by Staff Member C on October 9, 2025. (See attached)

Staff Member C will perform an audit of all resident contracts by October 24, 2025.

To ensure ongoing compliance starting on October 7, 2025, Staff Member C will review all resident contracts for new admissions within 7 days of admission to ensure the resident signed the contract or an inability/refusal to sign was noted on the contract.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [REDACTED] - 12/23/2025)

42q - Compensation

6. Requirements

2600.

42q Compensation (continued)

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident # [redacted] organized, scheduled and lead group activities within the home including bingo and physical exercises on a weekly basis. The home did not compensate the resident for this work.

Plan of Correction

Accept [redacted] - 10/10/2025)

Resident [redacted] has a passion for organizing social activities for [redacted] and [redacted] friends. [redacted] had asked previous Personal Care Home Administrators to include these get togethers on the activity calendar. The facility has a dedicated activity coordinator for the skilled and personal care units.

On October 1, Staff Members B & C reinforced to Resident [redacted] that while [redacted] is free to interact socially with [redacted] fellow residents we cannot include those times on the activity calendar. Staff Member B and C also reeducated the activity staff and the personal care aides that they must lead the activities and not allow a resident to lead them even if it is their passion to do so.

Staff Member C provided re education to all staff on October 9, 2025. (See attached)

The October activity calendar (attached) is filled with activities that will be 100% employee led and we made sure Resident [redacted] is aware that is welcome as a participant but not able to function as a leader.

To ensure compliance, Staff Member C will encourage Resident [redacted] to attend the resident council meetings monthly to provide input on potential activities the staff could provide. The next resident council meeting will be held on October 23, 2025. Staff have been informed if they see Resident [redacted] trying to organize or gather all residents for an activity that [redacted] be re directed and they inform Staff Member B or C who will provide re education to Resident [redacted]

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [redacted] - 12/23/2025)

42s - Privacy

7. 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 the interior resident hallways including the A hall, B hall, C hall and D hall.

Plan of Correction

Accept [redacted] - 10/10/2025)

Staff Member C had the cameras in A hall, B hall, C hall and D hall put into monitor only mode (no recording) effective October 7. No recording will be done in those areas starting after that date.

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

Implemented [redacted] - 12/23/2025)

60a - Staff/Support Plan

8. 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] the home did not have staff trained in medication administration on [redacted] from 3:30 PM until 11:00 PM. As a result, the home was unable to provide the following scheduled medication administration services:

4:00 PM

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

5:00 PM

- [redacted]

8:00 PM

- [redacted]

Plan of Correction

Accepted [redacted] - 10/10/2025)

Effective August 3, 2025 the facility implemented a new staffing pattern that made sure a LPN was on the floor 24 hours a day. In addition, all personal care aides and certified nursing aides functioning on the floor have gone through Med Tech training. This will ensure that at no time will we have staff that are not able to pass meds. In addition, Staff Member B & C also are becoming Med Tech trained as emergency backups.

Three additional CNA's/PCA's became Med Tech certified on July 26 and 27, 2025. This leaves one CNA to become Med Tech certified. This individual has currently completed the testing process which will be followed by the Observation phase.

Staff Member B became Med Tech certified on July 30, 2025.

Staff Member C has passed all testing phases of the certification process and is waiting for the trainer to return to complete the observation phase, after which [redacted] will be Med Tech certified.

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

Implemented [redacted] - 12/23/2025)

85a - Sanitary Conditions

9. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] resident [redacted] glucometer was used to test the blood glucose levels of residents [redacted] and # [redacted]

85a - Sanitary Conditions (continued)

Plan of Correction

Accept () - 10/10/2025

The Resident () glucometer which had been shared was taken out of service and replaced by a new glucometer on September 12, 2025.

Staff Members B & C will notify each resident as well as their designated person (if applicable) as well as their physician of the possibility of the shared glucometer use on September 5, 2025 and the possibility of blood borne diseases. The notifications will be completed no later than October 24, 2025. All physician recommendations and subsequent resulting follow-up by the Home will be maintained.

Staff Member C has contacted a certified diabetic educator to schedule re-training of all staff responsible for blood sugar testing.

All staff were re-educated by Staff Member C on October 9, 2025 on proper glucometer use and that no sharing of glucometers between residents should ever happen.

Staff Member C has scheduled re-training of all staff by a certified diabetic educator. The training is schedule for Monday October 13.

Staff Member B & C will conduct an audit of glucometer readings prior to October 24, 2025. They will then continue to perform quarterly audits moving forward.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented () - 12/23/2025

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident ()'s most recent annual medical evaluation was completed on ()

Resident () most recent annual medical evaluation was completed on ()

Resident () most recent annual medical evaluation, signed by the physician on (), did not include the date the resident was evaluated in person, the date the form was completed, weight, pulse, blood pressure, temperature, dietary needs, or health status as these areas of the form were left blank.

Plan of Correction

Accept () - 10/10/2025

Resident () had updated medical evaluation completed 10/06/25

Resident () had updated medical evaluation completed 10/09/25

Resident () had updated medical evaluation completed 10/07/25

141b1 - Annual Medical Evaluation (continued)

Staff Members B & C began a complete audit of all resident charts on 10/06/2025 to ensure that each resident has a medical evaluation that is within the current 12 month period. The audit will be complete and any additional non-compliant medical evaluations found will be updated by 10/24/2025.

Staff Members B & C will start monthly audits on November 1, 2025 to make sure that any expiring medical evaluations are properly updated and complete with the date of the evaluation.

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

Implemented [redacted] - 12/23/2025)

142d - Secure Preventative Care

11. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

Resident # [redacted] s current assessment and support plan, dated [redacted] indicated the resident cannot self-administer [redacted] medications and staff will administer all medications according the MAR and PCP orders. Resident [redacted] is diagnosed with [redacted] in the [redacted], and [redacted] for which the residents support plan to meet the medical need indicated medications are given per MAR and PCP orders. However, on [redacted] the home did not have staff certified in medication administration to assist the resident with the medical care. The following medications were not administered to the resident on 6/6/25 resulting in the resident's inability to sleep all night from [redacted] through [redacted] and took a few days to feel back at baseline:

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

Plan of Correction

Accept ([redacted] 10/10/2025)

Effective August 3, 2025 the facility implemented a new staffing pattern that made sure a LPN was on the floor 24 hours a day. In addition, all personal care aides and certified nursing aides functioning on the floor have gone through Med Tech training. This will ensure that at no time will we have staff that are not able to pass meds. In addition, Staff Member B & C also are becoming Med Tech trained as emergency backups.

Three additional CNA's/PCA's became Med Tech certified on July 26 and 27, 2025. This leaves one CNA to become Med Tech certified. This individual has currently completed the testing process which will be followed by the Observation phase.

Staff Member B became Med Tech certified on July 30, 2025.

Staff Member C has passed all testing phases of the certification process and is waiting for the trainer to return to complete the observation phase, after which [redacted] will be Med Tech certified.

142d Secure Preventative Care (continued)

The Home has implemented procedures to notify the prescriber of any missed medication as soon as it is discovered to assist the resident with any negative side effects and to interview the resident to ensure they feel baseline or provide assistance as needed if the resident is experiencing any negative side effects from the missed medication. All staff were educated on this new procedures on October 9, 2025 by Staff Member C. See attached.

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

Implemented [REDACTED] - 12/23/2025)

181c - Self-administration Assessment

12. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [REDACTED] self administers medications to include [REDACTED], and [REDACTED] [REDACTED] as needed; however, resident [REDACTED] was assessed by a physician, physician's assistant or certified registered nurse practitioner who determined the resident cannot self administer medications on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/10/2025)

Orajel toothache gel, Mouth Sore Relief Gel, and Clinical Treat Antifungal Powder were labeled and locked in the Medication Cart on October 1 by Staff Member B. Resident [REDACTED] was reeducated on October 1 by Staff Members B and C that if [REDACTED] acquires any over the counter medications on [REDACTED] own [REDACTED] must provide them to the clinical staff to keep locked in the Medication Cart.

Staff Members B and C will conduct an audit of all resident rooms to ensure no other medications are kept unlocked and accessible by October 24, 2025.

Staff members were provided re education on this topic on October 9 by Staff Member C.

Ongoing compliance will be monitored by Staff Member B or C checking 3 resident rooms per week for unlocked medications. **(Directed) Weekly checks will begin the week of 10/27/25 [REDACTED]**. A log will be maintained of the room checks.

Starting October 9, the staff have been instructed to immediately inform Staff Member B or C if any medications are found that need to be locked away.

Proposed Overall Completion Date: 10/27/2025

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [REDACTED] 12/23/2025)

181c - Self-administration Assessment (continued)

183b - Meds and Syringes Locked

13. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:00 AM and 10:40 AM, [redacted], and two bottles of [redacted] [redacted] was unlocked, unattended, and accessible in resident [redacted] bedroom.

On [redacted] at 10:10 AM, a [redacted] was unlocked, unattended and accessible in resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 10/10/2025)

All items were removed from Resident [redacted] room, were labeled and locked in the Medication Cart on October 1, 2025. Resident [redacted] was reeducated that if they acquire any over-the-counter medications on their own, they must provide them to the clinical staff to keep locked in the Medication Cart.

Resident [redacted] was provided a lockbox on October 9 to keep [redacted] inhaler in as [redacted] DME allows for self medication.

Resident [redacted] was educated by Staff Member B on October 9 that [redacted] must keep it in the lockbox when not in use so that it is not unattended and accessible.

Staff Members B and C will conduct an audit of all resident rooms to ensure no other medications are kept unlocked and accessible by October 24, 2025.

Staff members were provided re-education on this topic on October 9 by Staff Member C.

Ongoing compliance will be monitored by Staff Member B or C checking 3 resident rooms per week for unlocked medications. **(Directed) Weekly checks will begin the week of 10/27/25** [redacted]. A log will be maintained of the room checks.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented ([redacted] - 12/23/2025)

184a - Resident's Meds Labeled

14. 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

On [redacted], Resident [redacted] was prescribed [redacted], take 1 tablet by mouth at night and every 8 hours as needed; however the pharmacy label instructions indicated to take 1 tablet by mouth every 8 hours as needed.

On [redacted], Resident [redacted] was prescribed [redacted] apply to [redacted] at 9:00 PM and as needed; however the pharmacy label instructions indicated to apply topically 3 times a day as needed for pain in both legs.

Plan of Correction

Accept [redacted] 10/10/2025)

The contracted Pharmacy provider delivered new labels for the two medications noted in violation on [redacted].

The contracted pharmacy consultant will send two techs on Friday October 17 to perform full med cart audits.

All staff were re re-educated on 2600.184.a on October 9 by Staff Member C. See attached.

On going compliance will begin with the audit by outside pharmacy consultants on October 17 and then continue with quarterly audits being performed by the outside pharmacy consultants.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 12/23/2025)

185a - Implement Storage Procedures

15. 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] receives blood sugar checks daily. On [redacted] the resident 's glucometer indicated a blood sugar reading of [redacted] and on [redacted], the resident's glucometer indicated a blood sugar reading of [redacted]; however, these readings were not documented on the resident's September 2025 Medication Administration Record (MAR).

Resident [redacted] September 2025 MAR documented a blood glucose reading of [redacted] on [redacted]; however, resident [redacted] glucometer did not have a reading obtained on [redacted].

Repeat Violation- [redacted] et al.

Plan of Correction

Accept [redacted] 10/10/2025)

All staff were re-educated on proper glucometer use and that no sharing of glucometers between residents should ever happen by Staff Member C on October 9. See attached.

The glucometer in question was replaced with a new glucometer on September 12, 2025. All glucometers are properly labeled with a resident's name and kept in the locked medication cart.

Resident 12 had glucometer readings performed on September 10 and 11. The staff members responsible for the med pass indicated test strips were passed on September 10 and 11 in the MAR. They just failed to mark the actual

185a - Implement Storage Procedures (continued)

reading in the vitals section of the MAR. Staff Member C included this in the re-education to all staff on October 9 regarding Medication Pass Documentation. See attached.

Staff Member C has scheduled re-training of all staff by a certified diabetic educator. The training is schedule for Monday October 13.

Staff Member B & C will conduct an audit of glucometer readings prior to October 24, 2025. They will then continue to perform quarterly audits moving forward.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [redacted] - 12/23/2025)

187b - Date/Time of Medication Admin.

16. 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], take 1 capsule twice daily. Resident # [redacted]s September 2025 Medication Administration Record did not include the initials of the staff person who administered the medication on [redacted] at 2:00 PM.

Plan of Correction

Accept [redacted] - 10/10/2025)

All staff were reeducated by Staff Member C on October 9 to make sure that an initial is placed for each medication passed at the time medication is administered. See attached.

Staff Members B & C will run missed medication reports weekly and investigate any missed initials starting the week of October 13, 2025.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 12/23/2025)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] take once daily for [redacted]. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed the following medications at 8:00 AM daily: [redacted], [redacted] in both eyes, [redacted], and [redacted]. However, these medications were not administered to resident [redacted] on [redacted].

187d Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed [REDACTED] subcutaneously once daily at 8:00 AM for [REDACTED]. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED]

On [REDACTED] the home did not have staff in the home certified in medication administration from 3:30 PM until 11:00 PM resulting in the following medications not being administered as prescribed:

4:00 PM

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

5:00 PM

- [REDACTED]

8:00 PM

- [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/10/2025)

Effective August 3, 2025 the facility implemented a new staffing pattern that made sure a LPN was on the floor 24 hours a day. In addition, all personal care aides and certified nursing aides functioning on the floor have gone through Med Tech training. This will ensure that at no time will we have staff that are not able to pass meds. In addition, Staff Member B & C also are becoming Med Tech trained as emergency backups.

Three additional CNA's/PCA's became Med Tech certified on July 26 and 27, 2025. This leaves one CNA to become Med Tech certified. This individual has currently completed the testing process which will be followed by the Observation phase.

Staff Member B became Med Tech certified on July 30, 2025.

Staff Member C has passed all testing phases of the certification process and is waiting for the trainer to return to complete the observation phase, after which [REDACTED] will be Med Tech certified.

Resident #3's medication arrived from the pharmacy on 9/3/2025 at 1:45 AM therefore the 8 PM dose on 9/2/25 was the only missed dosage.

The contracted pharmacy consultant will send two techs on Friday October 17 to perform full med cart audits.

On going compliance will begin with the audit by outside pharmacy consultants on October 17 and then continue with quarterly audits being performed by the outside pharmacy consultants.

Staff Member B & C will perform an additional MAR audit by October 24, 2025, and weekly thereafter, to ensure all

187d - Follow Prescriber's Orders (continued)

residents medications were properly on hand and administered.

Staff Member C provided additional education to all staff on October 9, 2025 (see attached) which included steps to take ensure ongoing compliance with not running out of medication.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [redacted] - 12/23/2025)

221b - Activity Types

18. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities program does not provide physical activities. The activity calendar includes "exercise"; however, the home does not provide the activity in a planned, coordinated or structured manner as a resident in the home organizes and executes the activity by scheduling, gathering the residents and leading the exercise of the day.

Plan of Correction

Accept [redacted] - 10/10/2025)

The October activity calendar (attached) is filled with activities that will be 100% employee organized and led and includes exercise programs.

Staff Member C provided additional education to all staff on October 9 regarding activities and how to ensure ongoing compliance with not letting resident organize or lead activities. (See attached).

Starting the last week of October, Staff Member C will review the monthly activity calendar prior to it being issued to make sure it includes all of the necessary programs and that they are all organized and led by staff.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 12/23/2025)

225c - Additional Assessment

19. Requirements

2600.

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

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

Description of Violation

Resident [redacted]s most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted] bed is affixed with an enabler bar. The resident's assessment, dated [redacted], indicated the resident is independent with transferring in/out of the bed and was never updated to reflect the resident's need for a bedside

225c - Additional Assessment (continued)

mobility device.

Resident [redacted]s most recent assessment was completed on [redacted].

Plan of Correction

Accept [redacted] - 10/10/2025)

Staff Members B & C will do a complete audit of all resident charts and ensure that each resident has an accurate resident assessment that is within the current 12 month period. This will be completed by 10/24/2025.

After the initial audit above, Staff Members B & C will make sure on a monthly basis that any expiring resident assessments are properly updated and complete with the date of the assessment. This will begin on November 1, 2025 and forward.

To ensure we are residents change in needs, beginning October 6, 2025 we are having out LPN's complete the RASP's. That way as they pass meds and perform care they will know to look for changes in needs. All staff were educated on October 9, 2025 by Staff Member C (see attached) of how to identify and communicate changes in resident needs so that Staff Member B or C can direct the LPN to perform a new assessment.

Resident #3 had a new assessment performed on 10/08/2025.

Resident #4 had an assessment done on 2/7/2025 and no change in needs has been noted.

Resident #5 had a new assessment performed on 10/07/2025.

Proposed Overall Completion Date: 10/24/2025

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

Implemented [redacted] - 12/23/2025)