



Pennsylvania  
**Department of Human Services**

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: OCTOBER 10, 2025**

[REDACTED]  
6816 West Lake Road  
Fairview, PA 16415

RE: Neurorestorative Pennsylvania  
License/COC#: 44663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 12, 2025, and September 16, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct this violation may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *09/26/2024*  
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *MENTOR ABI LLC*  
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *01/26/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident, Monitoring* Exit Conference Date: *09/16/2025*

**Inspection Dates and Department Representative**

09/12/2025 - On-Site: [REDACTED]  
09/16/2025 - On-Site: [REDACTED] h

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *8*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *7*

Inspections / Reviews

09/12/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

## 20b8 - Quarterly Account

**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**Description of Violation**

Resident #1 has not received a quarterly account of financial transactions since [REDACTED] admission on [REDACTED]/24.

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

Within 14 days of receipt of the plan of correction, the administrator or designee will provide resident #1 and [REDACTED] designee, if applicable, with quarterly accounts of financial transactions since date of admission. Documentation will be kept.

Within 30 days of receipt of the plan of correction and quarterly thereafter, the administrator or designee will audit all resident accounts for whom the home provides assistance with financial management or holds resident funds, to ensure all quarterly accounts of financial transactions are current and provided on a quarterly basis to the resident and their designee, if applicable. Documentation will be kept.

## 21 - Off-Premises Activity

**2. Requirements**

2600.

21. Offsite Services - If services or activities are provided by the home at a location other than the premises, the home shall ensure that the resident's support plans are followed and that resident health and safety are met.

**Description of Violation**

Resident #2's support plan, dated [REDACTED]/24, indicates the resident wears briefs at all times and in any instance of urinary incontinence, staff will change and clean up the resident immediately to reduce the likelihood of skin breakdown. Staff are to assist the resident with toileting hourly, using a urinal. On 8/29/25 at 9:25 a.m., resident #2's brief was changed and the date and time were marked on the brief prior to leaving to attend the home's day program, TRAC. At 2:45 p.m. when staff returned to the TRAC program to transport the resident back to the home, the resident was still wearing the same brief from the morning, which was soiled with urine. The resident indicated staff did not bring him a urinal that day.

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a procedure to ensure that resident support plans are followed and that resident health and safety needs are met both while in the home, and while being transported to and attending the TRAC program, to include ensuring adequate direct care staff are present in the home and at the TRAC program. Documentation will be kept.

Within 14 days of receipt of the plan of correction, the administrator will implement monitoring protocols to ensure the new procedure is effective. The administrator or designee will review schedules at least weekly. Monitoring

**21 - Off-Premises Activity (continued)**

protocols will include, at a minimum, the administrator's or designee's weekly observations of staffing at the TRAC program and in the home, in addition to weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. Documentation will be kept.

Within 30 days of receipt of the plan of correction, the administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). Documentation will be kept.

**60a - Staff/Support Plan****3. 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 8/13/25, the home served 8 residents, including 5 residents with mobility needs requiring the assistance of 2 staff persons for toileting, ambulating and evacuating in the event of an emergency. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 3/4/25, is 5 minutes and 00 seconds. On 8/13/25, from approximately 7:00 a.m. until approximately 3:00 p.m. there were only 2 staff persons present in the home, which is inadequate to provide each resident assistance with activities of daily living, including toileting, ambulating and evacuating in the event of an emergency.

On 9/16/25 from approximately 8:30 a.m. to 9:10 a.m., resident #1, resident #2 and resident #3 were present in the home, all of who require the assistance of 2 staff persons for toileting, ambulating and evacuating in the event of an emergency. During this time, only 1 staff person was present, as the other staff assigned to the building were sent to assist residents at another home.

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a procedure to ensure that resident support plans are followed and that resident health and safety needs are met both while in the home, and while being transported to and attending the TRAC program, to include ensuring adequate direct care staff are present in the home and at the TRAC program. Documentation will be kept.

Within 14 days of receipt of the plan of correction, the administrator will implement monitoring protocols to ensure the new procedure is effective. The administrator or designee will review schedules at least weekly. Monitoring protocols will include, at a minimum, the administrator's or designee's weekly observations of staffing at the TRAC program and in the home, in addition to weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. Documentation will be kept.

Within 30 days of receipt of the plan of correction, the administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas

**60a - Staff/Support Plan (continued)**

*needing improvement and regulatory compliance in accordance with §2600.26(c). Documentation will be kept.*

**81b - Resident Personal Equipment****4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

*The right-side leg rest on resident #1's wheelchair was broken off, and the left-side leg rest was in disrepair. The wheelchair tilt and recline function was inoperable.*

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

*Within 3 days of receipt of the plan of correction, the administrator will contact resident #1's medical equipment company and schedule repair or replacement of his wheelchair. Documentation will be kept.*

*Within 30 days of receipt of the plan of correction and monthly thereafter, the administrator or designee will inspect all wheelchairs, walkers, prosthetic devices and other apparatus used by residents to ensure they are clean, in good repair and free of hazards. Documentation will be kept.*

**85a - Sanitary Conditions****5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 9/12/25 at 10:44 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom in resident #3's bedroom.*

*On 9/12/25 at 10:47 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom in resident #1's bedroom.*

*On 9/12/25 at 10:51a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom in resident #2's bedroom.*

*On 9/12/25, at 11:02 a.m., there was a yellow gelatinous substance on the floor of the stainless steel refrigerator/freezer in the pantry food storage area.*

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

*Within 2 days of receipt of the plan of correction, the administrator or designee will ensure the floor of the stainless steel refrigerator/freezer in the pantry food storage area is clean and sanitary.*

*Within 2 days of receipt of the plan of correction, the administrator or designee will ensure there are paper towels,*

**85a - Sanitary Conditions (continued)**

*mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom in resident #1, resident #2 and resident #3's bedrooms.*

*Within 5 days of receipt of the plan of correction and daily thereafter, the administrator or designee will inspect all food storage areas, to include the stainless steel refrigerator/freezer in the pantry food storage area, to ensure all areas are sanitary. Documentation will be kept.*

*Within 5 days of receipt of the plan of correction and daily thereafter, the administrator or designee will inspect all bathrooms to ensure there are paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying present. Documentation will be kept.*

**85d - Trash Receptacles****6. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 9/12/25 at 11:09 a.m., there was no lid on the unattended, 1/2 full, black plastic garbage can in the main kitchen.*

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

*Within 2 days of receipt of the plan of correction, the administrator or designee will ensure the black garbage can in the main kitchen is covered.*

*Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that trash in kitchens and bathrooms must be kept in covered trash receptacles that prevent the penetration of insects and rodents. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction and daily thereafter, the administrator or designee will inspect all trash receptacles in kitchens and bathrooms to ensure they are covered. Documentation will be kept.*

**86b - Bathroom****7. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*On 9/12/25 at approximately 10:35a.m., the ventilation fan in the bathroom to the left of the main entrance was not operational. There was no window in the bathroom.*

**86b - Bathroom (continued)****Plan of Correction****Directed [REDACTED] - 10/07/2025)**

*Within 7 days of receipt of the plan of correction, the administrator will ensure the ventilation fan in the bathroom to the left of the main entrance is repaired or replaced. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that a bathroom that does not have an operable, outside window must be equipped with an exhaust fan for ventilation. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction and weekly thereafter, the administrator or designee will inspect all bathrooms to ensure that if the bathroom does not have an operable, outside window, the bathroom must be equipped with an operable exhaust fan for ventilation. Documentation will be kept.*

**95 - Furniture and Equipment****8. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*On 9/12/25, the cover of the ventilation fan in the bathroom in resident #7's bedroom was missing, exposing an approximate six inch in diameter opening in the ceiling.*

**Plan of Correction****Directed [REDACTED] - 10/07/2025)**

*Within 14 days of receipt of the plan of correction, the administrator will ensure the cover is replaced on the ventilation fan in the bathroom in resident #1's bathroom. Documentation will be kept.*

*Within 14 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that all furniture and equipment must be in good repair, clean and free of hazards. Documentation will be kept.*

*Within 14 days of receipt of the plan of correction and weekly thereafter, the administrator or designee will inspect all furniture and equipment to ensure all are in good repair, clean and free of hazards. Documentation will be kept.*

**101j7 - Lighting/Operable Lamp****9. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

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

**Description of Violation**

*On 9/12/25 at approximately 10:42 a.m., resident #3 did not have access to a source of light that could be turned on/off at bedside. The bedside lamp was plugged in and was inoperable.*

## 101j7 - Lighting/Operable Lamp (continued)

**Plan of Correction****Directed ( ) - 10/07/2025)**

*Within 2 days of receipt of the plan of correction, the administrator or designee will ensure resident #3 has an operable bedside lamp that can be turned on/off.*

*Within 14 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that each resident must have an operable lamp or other source of lighting that can be turned on/off at bedside. Documentation will be kept.*

*Within 14 days of receipt of the plan of correction and weekly thereafter, the administrator or designee will inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. Documentation will be kept.*

## 102i - Soap Dispenser

**10. 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 9/12/25 at 10:51 a.m., there was no soap in the bathroom in resident #2's bedroom.*

**Plan of Correction****Directed ( ) - 10/07/2025)**

*Within 2 days of receipt of the plan of correction, the administrator or designee will ensure a dispenser with soap is within reach of the bathroom sink in resident #2's bedroom, or if bar soap is used, it is present and clearly labeled for each resident who shares the bathroom.*

*Within 14 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that a dispenser with soap must 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. Documentation will be kept.*

*Within 14 days of receipt of the plan of correction and weekly thereafter, the administrator or designee will inspect all bathrooms to ensure a dispenser with soap is within reach of each bathroom sink, or if bar soap is used, it is present and clearly labeled for each resident who shares the bathroom. Documentation will be kept.*

## 103e - Left Overs

**11. Requirements**

2600.

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

**Description of Violation**

*On 9/12/25, at 11:06a.m., there was an undated plastic bag containing 4 waffles, and an undated plastic bag*

**103e - Left Overs (continued)**

containing 1/2 dozen chicken nuggets in the freezer section of the stainless steel refrigerator/freezer in the main kitchen.

**Plan of Correction****Directed [REDACTED] - 10/07/2025)**

Within 2 days of receipt of the plan of correction, the administrator or designee will discard the undated bag of waffles and undated bag of chicken nuggets.

Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that food served and returned from an individual's plate may not be served again or used in the preparation of other dishes, and leftover food must be labeled and dated. Documentation will be kept.

Within 7 days of receipt of the plan of correction and daily thereafter, the administrator or designee will inspect all food storage areas, to include refrigerators and freezers, to ensure leftover food is labeled and dated. Documentation will be kept.

**105g - Lint Removal and Duct Cleaning****12. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

On 9/12/25 at approximately 10:58a.m., there was an approximate baseball size ball of lint in the lint trap of the left dryer in the laundry room.

**Plan of Correction****Directed [REDACTED] - 10/07/2025)**

Within 2 days of receipt of the plan of correction, the administrator or designee will remove the ball of lint from the left dryer in the laundry room.

Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that lint must be removed from the lint trap and drum of clothes dryers after each use. Documentation will be kept.

Within 7 days of receipt of the plan of correction and daily thereafter, the administrator or designee will inspect all dryers to ensure all lint has be removed from the lint trap and drum. Documentation will be kept.

**131f - Fire Extinguisher Inspection****13. Requirements**

2600.

**131f - Fire Extinguisher Inspection (continued)**

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*On 9/12/25 at 3:24 p.m., the fire extinguisher in transportation vehicle #12, used to transport residents, had not been inspected by a fire safety expert since June 2016.*

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

*Within 2 days of receipt of the plan of correction, the administrator or designee will have the fire extinguisher in transportation vehicle #12 inspected by a fire safety expert, or replaced with a new fire extinguisher. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that fire extinguishers must be inspected and approved annually by a fire safety expert. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction and monthly thereafter, the administrator or designee will inspect all fire extinguishers to ensure they have been inspected and approved annually by a fire safety expert. Documentation will be kept.*

**132c - Fire Drill Records****14. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on 12/24/24 does not include the amount of time it took for evacuation.*

**Plan of Correction**

**Directed [REDACTED] - 10/07/2025)**

*Within 7 days of receipt of the plan of correction, the administrator or designee will update the 12/24/24 fire drill record to include the amount of time it took for evacuation.*

*Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction and monthly thereafter, the administrator will audit the fire drill*

132c - Fire Drill Records (continued)

record to ensure it indicates the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Documentation will be kept.

132d - Evacuation

15. Requirements

2600.

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

Description of Violation

On 3/4/25, the maximum safe evacuation time determined by a fire safety expert was 5 minutes and 0 seconds. However, the home exceeded this time during the fire drill conducted on 7/31/25 at 12:09 a.m., with an evacuation time of 6 minutes and 42 seconds.

Plan of Correction

Directed [REDACTED] 10/08/2025)

Within 14 days of receipt of the plan of correction, the administrator will observe an unannounced fire drill during the overnight shift, to ensure all residents are evacuated to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 5 minutes and 0 seconds. Documentation will be kept.

Within 14 days of receipt of the plan of correction, the administrator will re-educate all staff and residents regarding the home's evacuation procedures, and the requirement that all residents must evacuate to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 5 minutes and 0 seconds. Documentation will be kept.

Within 14 days of receipt of the plan of correction and monthly thereafter, the administrator will audit the fire drill record to ensure a fire drill is conducted at least once a month and all residents are evacuated to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 5 minutes and 0 seconds. Documentation will be kept.

132e - Fire Drill Sleeping Hours

16. 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 7/31/25 at 12:09 a.m. The previous sleeping hours fire drill was conducted on 9/18/24.

## 132e - Fire Drill Sleeping Hours (continued)

**Plan of Correction****Directed** [REDACTED] **10/08/2025)**

*Within 14 days of receipt of the plan of correction, the administrator will develop and implement a policy to ensure a sleeping hours fire drill is conducted at least every six months.*

*Within 14 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that a sleeping hours fire drill must be conducted at least every six months. Documentation will be kept.*

*Within 14 days of receipt of the plan of correction and monthly thereafter, the administrator will audit the fire drill record to ensure a sleeping hours fire drill is conducted at least every six months. Documentation will be kept.*

## 190a - Completion Medication Course

**17. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:*

*On 9/1/25 at 8:00 a.m., Baclofen 20mg Tablet to resident #2.*

*On 9/11/25 at 7:46 a.m., Oxycodone HCl Oral Tablet 5mg to resident #1.*

*On 9/12/25 at 8:00 a.m., Gemtesa 75mg Tablet to resident #3.*

**Plan of Correction****Directed** [REDACTED] **- 10/08/2025)**

*Within 24 hours of receipt of the plan of correction, the administrator will ensure staff person A does not pass medication to residents until she successfully completes the Department approved medication administration training course.*

*Within 7 days of receipt of the plan of correction, the administrator will re-educate all staff regarding the requirement that a staff person cannot pass medications to residents until successful completion of the Department approved medication administration training course. Documentation will be kept.*

*Within 7 days of receipt of the plan of correction and monthly thereafter, the administrator or staff person qualified to administer resident medication will audit all staff files to ensure all staff passing resident medications have completed the Department approved medication administration training course. Documentation will be kept.*

## 190a - Completion Medication Course (continued)

## 225c - Additional Assessment

**18. 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.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident #1's most recent assessment was completed on [REDACTED]/24.

Resident #2's most recent assessment was completed on [REDACTED]/24.

Resident #3's current assessment was completed on [REDACTED]/25. However, the resident's previous assessment was completed on [REDACTED]/24.

Multiple staff interviews indicate resident #4 requires the minimum of 2 staff to assist with transferring from the floor. However, resident #4's assessment, dated [REDACTED]/25, indicates the resident requires the assistance of 1 staff person for all transfers.

**Plan of Correction****Directed [REDACTED] - 10/08/2025)**

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a policy to ensure resident assessments are completed annually, if the condition of the resident significantly changes prior to the annual assessment, or is updated within 5 days of a change in condition, or at the request of the Department upon cause to believe that an update is required.

Within 14 days of receipt of the plan of correction, the administrator or designee, along with resident #1 and his designee if applicable, and resident #2 and his designee if applicable, will complete assessments for resident #1 and resident #2.

Within 14 days of receipt of the plan of correction and monthly thereafter, the administrator or designee will audit all current resident assessments to ensure all assessments are completed within the required time frame, are accurate, and are present in each resident's record. Documentation will be kept