



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 4, 2026

[REDACTED]
PCHA, Vice President
Wilsmar Family LLC
[REDACTED]

RE: Paradise Manor
206 East Lincoln Avenue
Hatfield, Pennsylvania 19440
License #: 152822

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 18, 2025 and November 10, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(4);(5);(6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from November 21, 2025 to May 21, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

[REDACTED]

[REDACTED]

Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *PARADISE MANOR* License #: *15282* License Expiration: *11/21/2025*
Address: *206 EAST LINCOLN AVENUE, HATFIELD, PA 19440*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WILSMAR FAMILY LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *12/31/1981* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* 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: *20*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/18/2025 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/19/2025*

Inspections / Reviews (*continued*)

10/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

01/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2025

Reviewer: [REDACTED]

Follow Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

On [REDACTED], at 9:15am, the nurses' station door was open, with residents' records inside. The residents' MAR and blood sugar records were on top of the counter at the front entrance. The narcotic and wellness books were unlocked, unattended, and accessible to both residents and visitors.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

On 9/18/2025, the DHS Officer arrived at about 9AM, at the time when all the medication administration had just been completed. The nursing staff was getting ready to lock all the documents in the medication room and the other records in the medication cart.

The documents were locked away right away. To ensure that all the documents will be locked always the nurse on duty was retrained by the administrator by the end of the day on 9/18/2025.

In addition, all staff will receive a retraining by the Administrator on 10/23/2025, on the importance of following the Medication Training flow whereby storage of documents has to occur right after documenting. The Administrator will place medication administration observation checklist next to the medication cart for quick reminder to any staff administering medications.

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

Implemented [REDACTED] - 12/04/2025)

18 - Compliance With Laws

2. 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

On [REDACTED] 22 residents were present in the home. There were no ServSafe-certified staff person present in the home for the resident's meals. Staff person A has a ServSafe certificate that expired [REDACTED]. There are no other staff employed at the home that is ServSafe certified.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

The Administrator took note of this sought to register the Chef for the class and the first available class was on 10/16/2025. The cook / Chef attended the class and had [REDACTED] ServSafe Certificate renewed.

To avoid any missed dates of the required documentations / trainings, the Administrator will create a due date reminder table by 10/27/2025, and place it in unique places both in the kitchen and the office to ensure no trainings are missed going forward.

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

18 Compliance With Laws (continued)

Implemented [redacted] - 12/04/2025)

51 Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B, hired on [redacted] did not have a criminal background completed until [redacted]

Plan of Correction

Accept [redacted] - 10/28/2025)

This staff person was in school and is still in school to be a social worker and had indicated that they had completed a background check. However, because they could not find the copy, the Administrator requested them to complete a new background check.

To avoid having such issue from happening again the Administrator will make sure that all any new employee completes a background check before they are hired. There will be a policy placed in the Policy & Procedures Binder by the Administrator on 10/27/25, stating that all Prospective Employees must undergo a background check right after the interview for employment before they start employment.

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

Implemented [redacted] - 12/04/2025)

63a First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] thru [redacted] and on [redacted] thru [redacted], from 11:00 pm-7:00 am, 22 residents were present in the home. During this time no staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 10/28/2025)

The staff person had done an online CPR/ First Aid training and after being informed that this was not acceptable, the staff member was stopped from working until a new in-class CPR Card was provided. On October 1st, the staff took the in-class course and returned to work.

To avoid any missed dates of the required documentations / trainings, the Administrator will create a due date reminder table by 10/27/2025, and place it in unique places both in the kitchen and the office to ensure no trainings are missed going forward.

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

Implemented [redacted] - 12/04/2025)

95 Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

On [REDACTED], at 10:00 am, during the safety walk-through, the attic switch did not have a cover.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

The Administrator contracted an electrician and this switch in the attic was replaced on 10/2/2025.

The Administrator will be conducting a monthly walkthrough of the home, both inside and outside starting on 10/27/25 and complete a form that indicates any issues found and make sure they are repaired.

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

Implemented [REDACTED] - 12/04/2025)

100a Exterior Free of Hazards

6. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED], at 10:30 am, the front entrance ramp has a crack with debris and loose concrete that could pose a tripping hazard for residents using wheelchairs and walkers.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

The concrete at the entrance had been covered with a rug to ensure nobody could call or trip on it. This concrete area was repaired and smoothed out on 10/2/2025.

The Administrator will be conducting a monthly walkthrough of the home, both inside and outside starting on 10/27/25 and complete a form that indicates any issues found and make sure they are repaired.

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

Implemented [REDACTED] - 12/04/2025)

131f Fire Extinguisher Inspection

8. Requirements

2600.

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

The fire extinguisher in the kitchen has not been inspected by a fire safety expert since August 2024.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

All the kitchen fire extinguishers were inspected on 9/30/2025.

To avoid any missed dates of the required documentations / trainings, the Administrator will create a due date reminder table by 10/27/2025, and place it in unique places both in the kitchen and the office to ensure no trainings are missed going forward.

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

131f - Fire Extinguisher Inspection (continued)

Implemented [redacted] 12/04/2025)

182b - Prescription Medication

9. Requirements

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 8:00 am staff person B administered medications to residents to include the following: [redacted] [redacted] and [redacted]. Staff person B has not completed the medication administration training for the administration of [redacted] and [redacted] medications; [redacted] and [redacted] for insect bites or other [redacted].

On [redacted] and [redacted], at 8:00 pm staff person C administered medications to residents to include the following: [redacted], and [redacted]. Staff person C has not completed the medication administration training for the administration of [redacted], [redacted] and [redacted] prescription medications; [redacted] and [redacted] for insect bites or other [redacted].

Plan of Correction

Accept [redacted] 10/28/2025)

Staff person B & C had completed the Medication administration training under the old system - Modified medication administration training. Staff person C had completed the training but was recertified by a Practicum Observer who is now a Train the Trainer. After a discussion with the DHS officer, the Administrator who is a Train the Trainer for Medication Administration Training registered staff #B and #C staff for the Training and the 2 staff got trained in the current Online Version of Medication Administration Training.

Going forward the Administrator will have all new employees enrolled to the ODP online Medication Administration Training before they are allowed to start working at Paradise Manor. All employees have received training and passed with the required grade- 90% and above. A chart with employees names and due dates for any certifications will be created by 10/27/2025 to make sure that no trainings are missed.

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

Not Implemented [redacted] 01/12/2026)

183e - Storing Medications

10. 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 09/18/25, Dorzolamide Hydrochloride and Timolol Maleate Ophthalmic Solution USP, 2%/0.5%, prescribed for resident #1 was open in the medication cart with no opening date. According to the manufacturer's instructions, medication must be discarded 28 days after opening.

Repeat Violation: 6/5/2025

Plan of Correction

Accept (MJ - 10/28/2025)

The Administrator counted backwards from the day the medication was used according to the MAR and dated the medication. The medication was discarded 28 days after the opening date. Starting the week of 10/26/25, the Administrator or designee will be conducting a bi-weekly MAR review and check to make sure there are no undated OTC medications and CAM. All staff will also be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding Medications that are to be used within a specific time frame from the date of opening. Staff will be taught on labelling medications and also making sure re-orders are made for creams, eye drops etc and the expired ones discarded as per Paradise Manor's Policy.

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

Not Implemented (MJ - 01/12/2026)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted], instill one drop into both eyes once daily as needed and [redacted], take one tablet by mouth twice daily as needed. On [redacted] these medication(s) were not available in the home.

Plan of Correction

Accept [redacted] 10/28/2025)

Resident [redacted] and [redacted] had been discontinued on 9/2/2025, but not crossed out from the MAR as of 09/18/2025. The medication is a PRN's hence it had not been administered. As for [redacted] the Pharmacy had supplied the [redacted] and this is what the patient was now having in the home. The Doctor provided a new prescription for [redacted] on [redacted], hence the [redacted] was removed from the Medication Administration Record (MAR). The Administrator wrote the new order in the MAR. Starting the week of 10/26/25, the Administrator or designee will be conducting a bi-weekly MAR review and check to make all medications on the MAR are present in the Medication Cart. All staff will also be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding checking the MAR to make sure all medications are present in the home.

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

Not Implemented [redacted] - 01/12/2026)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]; give 2ml by mouth every 6 hours for pain. This medication was administered on [REDACTED]; however, it is not included on resident [REDACTED] medication administration record.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

Resident [REDACTED] had received only one dose of prescribed [REDACTED] and 9/12 but refused to take it any more from then. Staff signed the Controlled Drug sheet but not the MAR because it was not provided right away. Resident [REDACTED] stated that this medication was having bad taste in the mouth and could not take it any more after the 9/12 -3pm administration.

Due to Communication issues with this hospice group and failure to provide requested documentation on time, Resident [REDACTED] and [REDACTED] family opted to switch hospice providers and on 9/25/25, a new hospice agency was contracted. The new hospice has been very responsive in providing the required and requested medication documentation. All staff will also be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding checking the MAR to make sure all medications are present in the home as well as all medications being transcribed on the MAR.

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

Not Implemented ([REDACTED] 01/12/2026)

187b - Date/Time of Medication Admin.

13. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] apply one patch transdermally every 72 hrs. Resident [REDACTED] September 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] and [REDACTED] at 9:00 pm.

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

Resident [redacted] is prescribed [redacted]; take 1 tablet by mouth four times daily. Resident [redacted]'s September 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 8:00 am.

Plan of Correction

Accept [redacted] - 10/28/2025)

Resident [redacted] had received the [redacted] on 09/11/25 and 09/14/25 at 9:00 pm. Staff signed the Controlled Drug Count sheet but not the MAR because it was not provided until 9/17.

Due to Communication issues with this hospice group and failure to provide requested documentation on time, Resident [redacted] and [redacted] family opted to switch hospice providers and on 9/25/25, a new hospice agency was contracted. The new hospice has been very responsive in providing the required and requested medication documentation. All staff will be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding checking the MAR to make sure all medications are present in the home as well as all medications being transcribed on the MAR.

The staff who administered Resident [redacted] on 9/18 at 8am and failed to sign was retrained by the Administrator on following the Medication Administration flow chart where documentation is the last item before putting away the books. Training was done on 9/18/25 end of day.

All staff will also be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding checking the MAR to make sure all administered medications are signed for in the MAR. The incoming staff and outgoing will check the MAR together at the shift change.

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

Not Implemented [redacted] - 01/12/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] give 2 ml(2mq) by mouth every 6 hours for pain. However, resident [redacted] was administered [redacted] on [redacted] at 3:00 pm. This medication has not been administered since [redacted] at 3:00 pm.

Plan of Correction

Accept [redacted] - 10/28/2025)

Resident [redacted] had received only one dose of prescribed [redacted] and 9/12 but refused to take it any more from then. Staff signed the Controlled Drug sheet but not the MAR because it was not provided right away. Resident [redacted] stated that this medication was having bad taste in the mouth and could not take it any more after the 9/12 3pm administration. The hospice group did not provide the MAR on time so staff could indicate the refusal or Administration.

Due to Communication issues with this hospice group and failure to provide requested documentation on time, Resident [redacted] and [redacted] family opted to switch hospice providers and on 9/25/25, a new hospice agency was contracted. The new hospice agency has been very responsive in providing the required and requested medication administration documentation.

All staff will also be trained by the Administrator during October's staff meeting / training day 10/23/25, regarding

187d - Follow Prescriber's Orders (continued)

checking the MAR to make sure all medications are present in the home as well as all medications being transcribed on the MAR and report to the Administrator for further action if anything is missing.

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

Not Implemented [redacted] - 01/12/2026)

15. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted]; inject subcutaneously per sliding scale three times daily before meals: [redacted], greater than [redacted], and call MD. However, resident [redacted] was administered [redacted] on [redacted] at 4:00 pm, [redacted] at 8:00 pm, and [redacted] at 8:00 pm. The medication administration record does not include how many units were administered per sliding scale:

- On [redacted] at 4:00 pm, [redacted] was [redacted] requiring one unit of [redacted].
- On [redacted] at 8:00 pm, [redacted] was [redacted], requiring one unit of [redacted].
- On [redacted] at 8:00 pm, [redacted] was [redacted] requiring one unit of [redacted].

Plan of Correction

Accept ([redacted] 10/28/2025)

Resident [redacted] MAR checks and insulin Administration record does not include a space to state how many units have been administered.

The Administrator has created a form which the staff will start using after the Administrator trains the staff on 10/23/24. The new document has spaces to indicate the units of insulin administered before meals.

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

Not Implemented [redacted] - 01/12/2026)

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

Facility Information

Name: *PARADISE MANOR* License #: *15282* License Expiration: *11/21/2025*
Address: *206 EAST LINCOLN AVENUE, HATFIELD, PA 19440*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WILSMAR FAMILY LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/10/2025*

Inspection Dates and Department Representative

11/10/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

11/10/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *12/15/2025*

Inspections / Reviews *(continued)*

12/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/09/2026

01/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

57d Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], and [REDACTED] a total of 23 hours of direct care was required. However, only 15 of the required hours, or 65 percent, were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 12/31/2025)

The schedule for the wake staff in relation to the number of residents was calculated with the PCHA by the DHS Reviewer and the PCHA explained [REDACTED] was in the process of getting more staff on the schedule for all the days as required in 2600.57d. Going Forward the staff on the schedule will be as required by this Regulation.

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented [REDACTED] - 01/12/2026)

182b Prescription Medication

2. Requirements

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [REDACTED] and [REDACTED] prescription medications, [REDACTED] and [REDACTED] for [REDACTED] or other [REDACTED]. On [REDACTED] at 08:00 AM, staff person A administered [REDACTED] to resident [REDACTED]. However, the home does not have a waiver in place for Administration of [REDACTED] Medications by unlicensed staff.

Plan of Correction

Accept [REDACTED] - 12/31/2025)

Staff A is trained on the ODP Medication Administration Training and also in administering Insulin. In regards to the waiver, the new PCHA and the New management is working to be in compliance as far as Administration of Subcutaneous [REDACTED] Administration. Another option is that the Primary Care will do a Glucose level check (HA1c) levels of the resident to see if a different type of medication can be used.

In the meantime, the PCHA who is a Licensed Practical Nurse will be administer will be administering the subcutaneous [REDACTED] Medications starting with 12/19/25.

Licensee's Proposed Overall Completion Date: 12/22/2025

182b Prescription Medication (continued)

Not Implemented [REDACTED] - 01/12/2026)

183d Prescription Current

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] once daily at 08:00 AM. The physician order dated [REDACTED] for the month of November 2025 does not list this medication any longer. The home utilizes a med-pack system which delivers one month supply of medications in one roll consisting of perforated pouches labeled with the day and time the medication should be taken. On [REDACTED], the 08:00 AM pouches of [REDACTED] date stamped for [REDACTED] till [REDACTED] were in the home's medication cart. The rest of the resident's November 08:00 AM pouches include [REDACTED].

Plan of Correction

Accept [REDACTED] 12/31/2025)

On 12/11/25, the PCHA retrained staff on checking the medications against the MAR during Medication Administration time to ensure that all changes are noted and rectified and reported to the PCP if necessary. The PCHA will also be looking through all the new Monthly medications and comparing the Current MAR with the Previous MARS and the Doctor's Orders so nothing is missed starting with January 2026 medications.

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented [REDACTED] 01/12/2026)

183e Storing Medications

4. Requirements

2600.

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

Description of Violation

On [REDACTED], at approximately 10:20 AM, resident [REDACTED]'s [REDACTED] pen was opened but the date opened was smeared and illegible. According to the manufacturer's instructions, the pen should be discarded 28 days after opening.

A bottle of [REDACTED] prescribed for resident [REDACTED] which expired on [REDACTED] was still in the home's medication cart.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/31/2025)

The Novolog Flex Injection Pens are always labeled by the staff upon opening. This particular pen had the labeling done but faded off due to frequent use.

The PCHA has instituted new labels to be placed on the pens upon opening- the Opening date and Expiration

183e Storing Medications (continued)

dates are to be placed on the adhesive label which will in turn be placed on the pen. Once opened the pen is supposed to last 28 days.

The staff received retraining from the PCHA on 12/11/25, to make sure the labels remain in place at all times.

The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any further issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [REDACTED] 01/12/2026)

184b - Labeling OTC/CAM

5. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED], a bottle of [REDACTED] was in the home's medication cart and was not labeled with a resident's name.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 12/31/2025)

The bottle with [REDACTED] medication was labelled with the resident's name by the PCHA right away.

The PCHA is also in contact with the Primary Care Physician to make sure that this medication always scripted.

The PCHA will also be looking through all the new Monthly medications and comparing the Current MAR with the Previous MARS and the Doctor's Orders so nothing is missed starting with January 2026 medications.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [REDACTED] - 01/12/2026)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED], this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 12/31/2025)

The Resident [REDACTED] Prescribed As Needed [REDACTED] was immediately requested for, from the Pharmacy. The medication is now available at the home.

On 12/11/25, the PCHA retrained staff on checking the medications against the MAR during Medication Administration time to ensure that all medications and changes are noted and rectified and reported to the PCP if necessary.

The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any further issues, the concerned staff will be retrained by the PCHA as needed.

Licensee's Proposed Overall Completion Date: 12/22/2025

185a - Implement Storage Procedures (continued)

Not Implemented - 01/12/2026

7. 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

The home's staff admitted that they did not know how to calibrate the residents' glucometers to correct time. The resident's glucometers were not calibrated to align with the end of the daylight saving time on

Resident glucometer and log were mismatched as follows:

on before breakfast glucometer indicates however was on the log

on before lunch glucometer indicates however was on the log

on before breakfast glucometer indicates however was on the log.

Plan of Correction

Accepted 12/31/2025

Resident glucometer was calibrated by the home's Nurse Practitioner/ Owner - on 11/20 to ensure it aligns with the daylight savings.

To make sure proper records are maintained, the Nurse Practitioner / Owner will be checking and calibrating (if needed) all glucometers in the home on a monthly basis starting in January 2026. The PCHA will maintain records on this every month.

Further all staff will be retrained by the PCHA on 12/22/25 on ensuring that the date on the glucometer is the current date.

The PCHA will be doing bi-weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented - 01/12/2026

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] three times a day before meals per sliding scale: [redacted], [redacted] and above [redacted] and call MD. On [redacted], at 04:00 PM, the resident's blood sugar reading was [redacted], which requires [redacted] unit. However, the units given was not documented.

Resident [redacted] is prescribed [redacted]. However, the resident's November medication administration record (MAR) indicates the dose as [redacted], not [redacted].

Plan of Correction

Accept [redacted] 12/31/2025)

The Resident's blood sugar reading on [redacted] was [redacted]. The staff administered 1 unit of insulin and documented on the MAR but did not document on the extra paperwork that shows that 1 unit of Insulin was administered. On 12/11/25, the PCHA retrained staff signing all documents after administering medications. The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [redacted] - 01/12/2026)

187b - Date/Time of Medication Admin.

9. 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] three times a day as needed. The resident's November MAR does not include the initials of the staff person who administered it on [redacted] at 08:00 AM.

Plan of Correction

Accept [redacted] - 12/31/2025)

Resident [redacted] s [redacted] was administered but the staff member who administered it forgot to sign for it. This staff member was retrained on 12/11/25 by the PCHA on making sure that all documentation was done immediately after medications are administered. The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [redacted] 01/12/2026)

10. 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

On [redacted], at 08:00 AM, resident [redacted] was administered [redacted]. Staff person A did not enter the initials on the resident's November MAR until 11:00 AM.

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

Plan of Correction

Accept [redacted] - 12/31/2025)

Resident [redacted]'s [redacted] was administered but the staff member who administered it forgot to sign for it. This staff member was retrained on 12/11/25 by the PCHA on making sure that all documentation was done immediately after medications are administered.

The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [redacted] - 01/12/2026)

187d - Follow Prescriber's Orders

11. Requirements

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

Description of Violation

Resident [redacted] has been administered [redacted] since November 05, 2025 when this medication is not listed on the resident's November MAR.

Resident [redacted] is prescribed [redacted] three times a day before meals per sliding scale: [redacted] [redacted], [redacted] and above [redacted] units and call MD. On [redacted], at 04:00 PM, the resident's blood sugar reading was [redacted] which requires 1 unit. However, the resident's record shows 0 as the units given.

Plan of Correction

Accept [redacted] - 12/31/2025)

The Resident# [redacted]'s Pharmacy was contacted for [redacted] and it was added in the MAR. This staff members were retrained on 12/11/25 by the PCHA on making sure that all medications are present as well and also are on the MAR.

The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

The Resident #2's blood sugar reading on 11/06/2025 was 143. The staff administered 1 unit of insulin and documented on the MAR but did not document on the extra paperwork that shows that 1 unit of Insulin was administered. On 12/11/25, the PCHA retrained staff on signing all documents after administering medications. The PCHA will be doing bi weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Not Implemented [redacted] - 01/12/2026)

251b - Record Entries Legible

12. Requirements

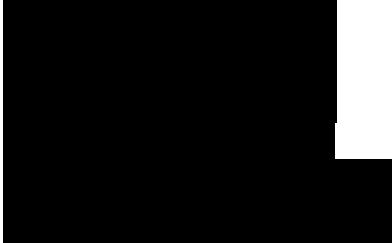
2600.

251b - Record Entries Legible (*continued*)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The following entries on resident [REDACTED]'s blood sugar reading with sliding scale and units administered for November 2025 were written over without proper notations:



Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/31/2025)

The resident [REDACTED] blood sugar was done and recorded but not legible.

On 12/11/25, The PCHA retrained staff on proper signing / documentation after administering the medication. Staff will make sure if there is an error to put a line and initial but not smearing with ink nor can they use white out on MARS.

The PCHA will be doing bi-weekly Medications Check starting on 12/22/25 to ensure no issues are in the MAR and other documentations. In case of any issues, the concerned staff will be retrained by the PCHA.

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented [REDACTED] - 01/12/2026)