

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

January 14, 2026

[REDACTED]
FAVERS RESIDENTIAL CARE HOME INC
[REDACTED]

RE: FAVERS RESIDENTIAL CARE HOME
574 TEECE AVENUE
PITTSBURGH, PA, 15202
LICENSE/COC#: 44913

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/19/2025 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: *FAVERS RESIDENTIAL CARE HOME* License #: *44913* License Expiration: *11/05/2025*
 Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *FAVERS RESIDENTIAL CARE HOME INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *02/04/2010* Issued By: *Borough of Bellvue*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/19/2025*

Inspection Dates and Department Representative

09/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *14* Residents Served: *11*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/19/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2025*

10/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2025*

Inspections / Reviews *(continued)*

10/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/30/2025

01/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

The resident privacy coding document, which contained numerous resident names, including residents [redacted] and [redacted] was attached to the license inspection summary (LIS), dated [redacted], and was posted on the bulletin board in the home's kitchen.

Plan of Correction

Accept [redacted] - 10/06/2025)

9/19/25 Privacy coding was removed at time of inspection 9/19/25

Continued Compliance::

Administrator will assign a designee to confirm the privacy coding is removed prior to posting in a public place.Both the administrator and the designee will sign/date on the back of the Violation report. Administrator will post on the bulletin board located in the homes kitchen

Education and review of regulation 2600.17 to be completed Oct 14, 2025.

Administrator and one designee will be retrained

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [redacted] - 01/14/2026)

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on [redacted], requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors and that batteries must be changed at least annually. The following battery-operated carbon monoxide detectors did not include the date of installation of the batteries:

- The carbon monoxide detector located in the living room. Also, this this carbon monoxide detector was inoperable at the time of inspection
- The carbon monoxide detector located in the basement near the steps
- The carbon monoxide detector located in the second floor hallway

Plan of Correction

Directed [redacted] - 10/14/2025)

On September 23, 2025 the ALL carbon monoxide detector in the building wer replaced with a new, fully functional units that meets current safety and code requirements. The nits were replaced by the administrator /owner.

18 - Compliance With Laws (continued)

New batteries were installed, and each battery on each unit was dated with the installation date to ensure proper tracking for future maintenance. a label was attached to the outside of the monitor indicating date battery was change The detectors were tested by the administrator immediately after installation to confirm it is functioning correctly, audible alarm activated as required.

All carbon dioxide detectors throughout the facility will be inspected two times a year annually (in Oct) by fire Marshall to ensure proper operation.and in April by the maintenance supervisor Documentation of the inspections by the maintenance supervisor and Fire marshal will indicate all carbon dioxide detectors were checked and operating properly. If new batteries are required during the year they will be replaced, dated and documentation will be kept in the building. Photo attached to this report

Education of the maintenance supervisor and administrator will take place 10/14/25 and will be included in this report. Fire Marshall inspection is scheduled for 10/27/25. The Fire Marshalls report will be attached to this report. the next Quality Management meeting is scheduled for 10/31/2025 and will reflect the maintenance of the carbon monoxide monitors to be in compliance with 2600.26b (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. 10/14/25).

Proposed Overall Completion Date: 10/31/2025

Directed Completion Date: 10/31/2025

Implemented (- 01/14/2026)

25c2 - Fee Schedule

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home’s available services.

Description of Violation

Resident resident-home contract, dated , does not include a fee schedule for the amount charged for room and board.

Plan of Correction

Directed (- 10/14/2025)

Immediate: The rate for room and board was entered on 9/30/25.and signed by the administrator and the resident. Documentation will be attached to this report.

Continued compliance.

All records will be audited for accurate fee schedules and room and board.

Audit will b complete by 10/17/ 25 and will be included in this report.

quarterly thereafter beginning in Jan the first quarter of 2026(the Administrator or designee will audit 4 random files (to include the the most recent admission). Any deficiencies will be addressed at that time.

25c2 Fee Schedule (continued)

Education/review of 2600.25 c will take place 10/14/25 Administrator and designee will take part. Documentation will be attached to this report
ThevAdministrator or designee will complete the audit.
Education will take place10/14/25 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 10/14/25).

DIRECTED: By 10/17/25: The administrator shall develop and implement a new admission checklist to ensure complete resident home contracts are obtained within 24 hours of admission. Documentation of the completed new admission checklists shall be kept in each new resident's record. [redacted] 10/14/25

Proposed Overall Completion Date: 01/06/2026

Directed Completion Date: 10/17/2025

Implemented [redacted] - 01/14/2026)

25c4 - Payment Responsibility

4. Requirements

- 2600.
- 25.c. At a minimum, the contract must specify the following:
 - 4. The party responsible for payment.

Description of Violation

Resident [redacted]'s resident home contract, dated [redacted], does not include the person responsible for payment. This section of resident [redacted] resident home contract is blank.

Resident [redacted] resident home contract, dated [redacted], does not include the person responsible for payment.

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate: resident [redacted] and resident [redacted] had the person responsible for paying the rent added. Resident and the administrator signed and dated the The administrator and residents [redacted] and [redacted] signed the contact acknowledging the information.

Continued compliance:

All records will be audited for 2600. 25 C 4 by 10/17/25

Audit will be completed by Oct 17,2025 by the administrator or designee

Audit will b included in this report

Administrator or designee will randomly audit 4 record contracts quarterly beginning Jan 2026m This will include the most recent resident.

DIRECTED: By 10/17/25: The administrator shall develop and implement a new admission checklist to ensure complete resident home contracts are obtained within 24 hours of admission. Documentation of the completed new admission checklists shall be kept in each new resident's record. [redacted] 10/14/25

Proposed Overall Completion Date: 01/06/2026

Directed Completion Date: 10/17/2025

Implemented [redacted] - 01/14/2026)

25c5 - Telephone Calls

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 5. The method for payment of charges for long distance telephone calls.

Description of Violation

Resident [redacted]s resident-home contract, dated [redacted] does not include the charges for long distance telephone calls. This section of resident [redacted]s resident-home contract is blank.

Resident [redacted] resident-home contract, dated [redacted], does not include the charges for long distance telephone calls. This section of resident [redacted]s resident-home contract is blank.

Plan of Correction

Directed [redacted] - 10/14/2025)

Resident [redacted] and resident [redacted] were corrected to include 2600 25 C 5 , to include charges for long distance calls.

Residents signed the contact noting their understanding. Documentation will be included with this report

Continued compliance: All contracts will b audited compliance with 2600 C5

Audit will be completed by the administrator or designee by Oct 17 2025

Quarterly thereafter, beginning quarterly audits Jan 2026. the administrator or designee will audit 4 random contracts (to include the most recent admission) Documentation will be kept in the building.

Audit will of 1/17 and the new admission check list will included in this report.

The home will impendent a new admission check list to be in use by 10/17/25. (DIRECTED: Documentation of the completed new admission checklists shall be kept in each new resident's record. [redacted] 10/14/25). Education will take place for all involved 10/17/25. documentation will be attached

Proposed Overall Completion Date: 01/09/2026

Directed Completion Date: 10/17/2025

Implemented [redacted] - 01/14/2026)

25c8 - Smoking

6. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

Resident [redacted]s resident-home contract, dated [redacted], indicates "#1 of house rules" under the smoking rules, as well as indicates "#7 of house rules" under home rules regarding pets; however, there are no home rules attached to resident [redacted]s resident-home contract.

Resident [redacted]s resident-home contract, dated [redacted], indicates "#1 of house rules" under the smoking rules, as well as indicates "#7 of house rules" under home rules regarding pets; however, there are no home rules attached to resident [redacted]s resident-home contract.

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate action: On 9/30/25 administrator reviewed the Home Rules with residents [redacted] and [redacted] Resident [redacted] and

25c8 Smoking (continued)

resident [redacted] signed and dated the Home Rules. The signed Rome rules were placed in resident [redacted] and resident [redacted] records. Documentation will be included in this report

Continued Compliance. And audit of all records for 2600.25 C8 will be completed by the administrator or designee. Audit will be complete by 10/17/25

Education and Review of 260025 C 8 will take place 10/17/25. Administrator and designee will review the requirement

Quarterly , beginning Jan 9, 2026) thereafter the administrator or designee will randomly audit 4 resident contracts (to include the most recent admission) for compliance with 2600.25 C 8. A new admission check list will be in place to address the root cause of missing data in the resident contractios.New admission check list will be ready for use 10/17/25 Attached. (DIRECTED: Documentation of the completed new admission checklists shall be kept in each new resident's record. [redacted] 10/14/25). No the home does not current have an addendum that addresses smoking rules. Smoking rules are noted in the Homes Rules which are explained to the resident on admission and signed by the resident. A copy of the homes rules is hung in the homes ditchen/dining area to be reviewed at any time. Home rules has been included in the newly developed New Admission check list (attached).

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/17/2025

Implemented [redacted] - 01/14/2026)

25c12 - Bed Hold

7. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident [redacted]'s resident home contract, dated [redacted], does not include the charges for holding the bed during hospitalization or other extended absence.

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate Action: The administrator and the resident reviewed the contact for charges to the resident for holding a bed during hospitalization or other extended absence. The resident signed/dated the contract on 9/23/25 . Documentation will be included in this report.

Continued Compliance: Administrator or designee will aduit all contracts for compliance with 2600 25 c.12. Audit will be complete by 10/17/25. An audit of 4 random records for compliance of 2600.25C12 (to include the most recent admission. Audits by the administrator or designee will be done quarterly beginning Jan 2026. New Admission Check lis being developed by the administrator and will include 2600.25C

Education/Review of 2600.25 c12 will take place for the administrator and designee on 10/14/25 Documentation will be attached to this report. It appears the root cause of the missing data was carelessness, n cross reference and no double check prior to putting the file away. New admission check list and a double signature process will be in by 10/17/25. (DIRECTED: Documentation of the completed new admission checklists shall be kept in each new resident's record. [redacted] 10/14/25). Audits quarterly thereafter beginning 1/9/15

25c12 Bed Hold (continued)

Proposed Overall Completion Date: 01/09/2026

Directed Completion Date: 10/17/2025

Implemented [REDACTED] - 01/14/2026)

63a - First Aid/CPR Training

8. 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

Since [REDACTED] there were no staff persons present in the home who are trained in first aid and certified in obstructed airway techniques and CPR. The home is currently licensed for 14 residents and has had at least 1 resident present in the home at all times since [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: At [REDACTED] time of inspection the administrator confirmed a CPR First Aid class for all staff was completed on 8/26/25. Cards were not available in the staff records. Administrator worked with the provider and American Heart Association to retrieve the cards. They were retrieved from the American heart Association 9/30/25. Cards for ALL staff are now available in the staff records. Documentation will be attached. Root cause of the violation was difficulty finding a provider to perform the CPR/First Aid class. Secondary cause was staff not forwarding the cards to the administrator.

Continued Compliance: Administrator will work to locate a provider of the class a minimum of 90 days prior to expiration date for current staff. New staff will be required to present an active CPR/first aid card upon hire or go to a local site to acquire the training prior to working alone in the building. A new policy CPR/First Aide requirement off employment for both current and new staff will be attached tp this report.

Policy will be in place by 10/17/25

Tracking system in the form of an excel spread sheet documenting each staff person, date of CPR/First Aid training and expiration date is being devloped by the administrator. Training for designee will take place 10/20/25. Quarterly reviews of the tracking system will begin Jan 2026. Next QA report is due Jan 2026

DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall review the direct care staffing schedule daily to ensure compliance with 2600.63a. [REDACTED] 10/14/25

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/20/2025

Implemented [REDACTED] - 01/14/2026)

64c - Annual Training

9. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 9 hours of annual training during the 2024 training year.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/14/2025)

immediate ACTION: on 9/30/25 Administrator reviewed [REDACTED] files and determined [REDACTED] had completed 14 credits via Collins Learning. [REDACTED] completed the required credits however they were done in 2025 and should be credited to the deficient year (DIRECTED: Documentation of the administrator training shall be kept in accordance with 2600.64f. LM 10/14/25).

A history from Collins Learning will be attached to this report. The administrator now as of Oct 1, 2025 working via Collins Learning to complete the 24 hr requirement for 2025. By 12/31/25 the administrator will complete 48 hours of Department approved administrator trainings to make up for the shortage and comply with the 24 required credits in 2025.

DIRECTED: By 11/30/25: The administrator shall receive at least 20 hours of annual training from a Department-approved source. Documentation of the administrator training shall be kept in accordance with 2600.64f. [REDACTED] 10/14/25

DIRECTED: By 12/31/25: The administrator shall receive at least 14 hours of annual training from a Department-approved source. Documentation of the administrator training shall be kept in accordance with 2600.64f. [REDACTED] 10/14/25

Progress of the administrator required training will also be included in the homes QA report. Next QA meeting is scheduled for Jan 2026.

Continued Compliance: Collins learning tracks the completion of CEU's and the courses [REDACTED] has designated to complete before the end of 2025. Alerts will be sent to the administrator. The QA report also will review yearly progress. Documentation of completed and expected course completions will be attached to this report by 10/28/25

DIRECTED: Beginning on 1/1/26: The administrator shall review the administrator training records at least quarterly to ensure the administrator receives at least 24 hours of annual training from a Department-approved source during each training year. [REDACTED] 10/14/25

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: 11/30/2025

Implemented [REDACTED] - 01/14/2026)

81b Resident Personal Equipment

10. Requirements

2600.

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

81b Resident Personal Equipment (continued)**Description of Violation**

No cover was present on the bedside mobility device present on the left side of resident [REDACTED]'s bed, which had 2 openings, each measuring approximately 5.5" x 16", posing an entrapment hazard. Also, the bedside mobility device was not secured to resident [REDACTED]'s bedframe.

No cover was present on the bedside mobility device present on the left side of resident [REDACTED]'s bed, which had 2 openings, each measuring approximately 5.5" x 16", posing an entrapment hazard. Also, the bedside mobility device was not secured to resident [REDACTED]'s bedframe.

REPEAT VIOLATION [REDACTED]**Plan of Correction****Directed** [REDACTED] - 10/14/2025)

Immediate Action: Resident [REDACTED] bedside mobility device was replaced with one with 4 smaller spacing between bars. The new mobility device is attached/secured to the bed frame. Photo will be attached to this report.

Resident [REDACTED] bed mobility device has been covered. Corrective action for residents [REDACTED] and [REDACTED] took place on

Photo will be attached to this report. Administrator or designee and resident will meet with the residents doctor on 10/20/25 to determine if the device should be changed to a different type of mobility device. The physician, resident and administrator/designee will discuss and implement the plan by 10/31/25. This may also include a physical therapy assessment if ordered by the M.D.

Continued compliance: The bed mobility device will be checked daily by staff to ensure the cover is in place. A check list is inside the room. (DIRECTED: The daily checks shall begin on 10/16/25 and shall include a check of all bedside mobility devices, including residents [REDACTED] and [REDACTED]'s bedside mobility devices. [REDACTED] 10/14/25). The physician orders following the meeting of 10/20/25 will be followed. Orders will be in the resident record for review.

Education on using Pennsylvania Department of Human Services Best Practices for the use of Bedside Mobility Devices in Personal Care Homes will be used as reference and education of all staff. Facilities policy for Bedside Mobility Devices was updated and will also be referenced in the education. (DIRECTED: By 10/25/25: The administrator shall re educate all direct care staff persons on the home's policy for use of bedside mobility devices, which includes ensuring bedside mobility devices are securely attached to bedframes in accordance with manufacturer's instructions and are securely covered if needed to prevent entrapment. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

There are three residents in the home with bed mobility devices Res [REDACTED] Resident [REDACTED] and resident # [REDACTED]. Check lists are posted in all three rooms and are to be checked daily by staff. The facility policy will be update by 10/31/25. Policy reflects what devices are acceptable, resident must be able to operate independently and physicians order will be in the file. No under mattress type bedside mobility devices will be allowed in the home. All bedside mobility devices must be securely attached to the bed. Ne/.updated policy will be included in the homes QA report due by 10/31/25 (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept [REDACTED] 10/14/25).

DIRECTED: By 10/25/25: The administrator shall review the support plans for all residents currently using a bedside mobility device, including residents [REDACTED] and [REDACTED] to ensure resident support plans indicate the specific need for the device, the intended use and any risks associated with the use and the residents' ability to use the device safely for the purpose it was intended. Copies of the updated resident support plans shall be kept in each resident's record and be accessible to direct care staff persons at all times. [REDACTED] 10/14/25

Proposed Overall Completion Date: 10/31/2025

81b - Resident Personal Equipment (continued)

Directed Completion Date: 10/31/2025

Implemented [redacted] - 01/14/2026)

85a - Sanitary Conditions

11. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:15am, there was a layer of dirt and grime covering the bottom shelf and the door shelves of the refrigerator, located in the entry way.

At 11:05am, a thick layer of dust was covering the exhaust fan, located in the 1st floor bathroom.

Plan of Correction

Directed [redacted] 10/14/2025)

Immediate Action: The refrigerator in the hallway was deep cleaned by the administrator on 9/23/25. The sign off sheet was signed by the administrator.

The fan located in the first floor bathroom will be cleaned by maintenance person or designee by 10/20/25. The check list will be signed upon completion.

Continued Compliance: Refrigerator will be cleaned weekly on Fridays to maintain cleanliness. Spills will be cleaned as they happen or are observed,

Bathroom fan will be cleaned by maintenance person or designee on a quarterly basis. the quarterly cleaning will begin Jan 2026. Education will take place 10/20/24 This is in addition to the maintenance walk through monthly.

Night staff will be assigned the refrigerator cleaning and will sign it has been completed.

Education for staff and maintenance on 2600.85 a will be completed 10/17/25 (DIRECTED: The administrator shall re-educate all current staff persons on maintaining sanitary conditions in the home. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 10/14/25).

Check list attached

DIRECTED: Beginning on 10/20/25: The administrator/designee shall inspect the entire home daily for 1 month then weekly thereafter to ensure sanitary conditions are maintained. Documentation of the checks shall be kept for 1 month. [redacted] 10/14/25

Proposed Overall Completion Date: 10/17/2025

Directed Completion Date: 10/31/2025

Implemented [redacted] - 01/14/2026)

91 - Telephone Numbers

12. Requirements

2600.

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

91 Telephone Numbers (continued)

Description of Violation

There are no emergency telephone numbers posted on or near the telephone next to the television in the office.

Plan of Correction

Accept [REDACTED] - 10/14/2025)

Immediate action: On 9/20/25 the Administrator posted the emergency numbers on the telephone next to the television in the the office. Photo attached

Continued Compliance: Monthly the Administrator of designee will check for required posting of emergency numbers on or near all the homes telephone

Check list attached. Review and education of the requirement of 2600.91 will be completed for all staff on or before 10/17/25. Audits will begin 10/17/25

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

Implemented [REDACTED] - 01/14/2026)

95 - Furniture and Equipment

13. Requirements

2600.

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

Description of Violation

The door to the gas oven located in the kitchen does not stay closed and is being held closed by bungee cords attached to the grates on the top of the stove.

At 11:05am, the grab bar attached to the shower in the 1st floor bathroom was loose and missing 2 screws at the bottom, allowing the grab bar to move approximately 1/2" in either direction.

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: DO NOT USE OVEN sign was posted on 9/20/25. Bungee cords were removed from the kitchen.

Repair man (who was waiting for parts) was called to see if the part was in. (spring kit)

The repairs were completed 9/21/25. Invoice will be attached

The grab bar attached to the shower in the 1st floor bathroom was loose and missing 2 screws was repaired on 9/23/25. Photo attached

Continued Compliance: If an appliance or furniture is broken or malfunctioning, it should be taken out of service and labeled as such. Education of all staff will take place 10/14/25. This includes maintenance. (DIRECTED:

Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

Maintenance supervisor will follow a check list weekly list to monitor any repairs needed inside or outside the bld..

Weekly checks to begin when the mandated weekly checks have been completed 11/24/25

Update: The administrator or designee will inspect the home daily for one month. Daily checks will begin 10/27/25 and continue until 11/ 24/25 to ensure compliance with 2600.95 . Education will take place 10/20/25 and will be kept in the facility. When the daily checks x onemonth are complete, the weekly checks by the admiistrtor or designee will begin.

Proposed Overall Completion Date: 10/27/2025

Directed Completion Date: 10/27/2025

95 - Furniture and Equipment (continued)

Implemented [redacted] - 01/14/2026)

100a - Exterior - Free of Hazards

14. 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

The ramp leading from the front porch to the sidewalk is in disrepair and is blocked from use with caution signs. There are numerous bowed, loose, detached and rotten wooden boards, which pose a tripping hazard. Also, there are numerous screws protruding from numerous pieces of the railing, including the lower-left railing, which is partially detached from the post and also has numerous screws protruding from it.

There are numerous bowed and loose wooden boards on the steps leading from the front porch to the sidewalk. Also, several of the boards on the landing leading to the front door are loose and detached from the frame where the landing meets the ramp.

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate Action: UPDATE: The ramp had been torn down and the boards in the steps replaced.removed. Completed on 10/6/25 Invoice and photo will be submitted. Invoice and phot will be submitted. Note:all residents are mobile and do not need the ramp to exit the bld.

Continued As mandated, administrator or desigee will inspect the inside and outside of the home daily for one month to ensure compliance with 2600.200a. Any findings will be reported to the administrator immediately, by the person who observed the deficiency.

The daily walk around the entire home will begin 10/27/25 and will continue daily untill 11/24/25. Documentation will be submitted and kept in the facility.

Compliance: 11/24/25, maintenance supervisor will do a weekly walk through the bld inside and outside observing for repair needs or hazzards and to maintain compliance with 100a.

Staff education for compliance with 2600.100a 10/20/25 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 10/14/25).

Proposed Overall Completion Date: 10/27/2025

Directed Completion Date: 10/27/2025

Implemented [redacted] - 01/14/2026)

101j2 - Bedroom Chairs

15. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

101j2 - Bedroom Chairs (continued)

Description of Violation

Bedroom [redacted] is occupied by 2 residents; however, there is only 1 chair present in this bedroom.

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] 10/14/2025)

Immediate action: Administrator placed a second chair i bedroom 4. Date 9/23/25.

Continued compliance. Staff education on the requirement will be completed 10/14/25. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 10/14/25). Administrtror inspected all rms for compliance with 2600.101j2 on 9/23/25.

Continued Compliane: Administrator or designee will walk the bld daily to ensure compliance with 2600.101j2 Daily walk throughs will begin 10/27/25 and continue through 11/24/25. After11/24/25,the walkthroughs of the entire bld by the administrator or designee will take place weekly. Documentation will be kept in the build. Staff education will take place 10/20/25.

Proposed Overall Completion Date: 10/27/2025

Directed Completion Date: 10/27/2025

Implemented [redacted] - 01/14/2026)

101o - Walls, Floors, Ceilings

16. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At 10:31am, there was a hole in the wall behind the door of bedroom [redacted] measuring approximately 2" in diameter.

At 11:17am, there was a large, dark stain, measuring approximately 16" x 10", present on the carpeting to the right of resident [redacted]s bed.

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate action: On 9/23/25 the hole in the wall behind the door of bedroom [redacted] was repaired by the Administrator. Photo attached

The rug in resident [redacted] bed room will be scrubbed by the administrator or designee by 10/31/25.

If the stain cannot be removed, the rug will be replaced by 11/15/25 Phot attached

The administrator or designee will inspect the entire home daily for one month beginning 10/26/25 through 11/24/25 and then weekly there after. to ensure long term compliance with the regulation. (DIRECTED:

Documentation of the daily audits shall be kept for 1 month. [redacted] 10/14/25). Education for staff will take place on or before 10/20/25 and will be completed by the administrator. Documentttion will be kept in the facility.

101o Walls, Floors, Ceilings (continued)

Proposed Overall Completion Date: 10/27/2025

Directed Completion Date: 10/31/2025

Implemented () - 01/14/2026)

103g - Storing Food

17. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were numerous open and unsealed food items present in the home, to include the following:

- 2 bags of restaurant style tortilla chips, each approximately 1/8 full, located in the kitchen
- A bag of frozen pork chops, approximately 1/4 full, located in the top drawer of the kitchen freezer
- A bag of Snyder's pretzel sticks, approximately 1/2 full, located on the shelves next to the refrigerator in the entryway

Plan of Correction

Directed () - 10/14/2025)

Immediate Action: Unsealed bags of food found in all locations were disposed of at the time of inspection 9/19/25 Shelves beside the refrigerator in the entry hall were removed. permanently.

Continued Compliance: on 10/14/25 All Staff re educated on 103.g documentation attached. Staff Daily check list is posted on each refrigerator/freezer and in the kitchen for kitchen cabinets. Day shift is responsible for checking first floor. Night shift responsible for basement..

Daily checks by staff will began 10/1/25. Admiistrator will begin random checks of all storage areas including refrigerators, freezers, dry storage and kitchen cupboards

Random checks by the administrtor will begin the week of 10/20/25 (DIRECTED: The random inspections by the administrator shall be conducted at least weekly to ensure compliance with 2600.103g. () 10/14/25).

Administrator will sign the check list when random checks are complete.

Documentation will be attached to this report

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/20/2025

Implemented () - 01/14/2026)

103i - Outdated Food

18. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an open 40oz. box of Jiffy all purpose baking mix, with a best by date of 4/6/21, present in the top cupboard to the right of the kitchen sink.

103i - Outdated Food (continued)

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: Baking mix was disposed of the day of inspection 9/19/25

Continued Compliance: Adminstrtror or designee will inspect the entire home weekly beginning 10/27/25 ~~and will continue for month, ending 11/24/25~~ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. DIRECTED: The weekly audits of all food storage areas shall continue weekly to ensure compliance with 2600.103i. [REDACTED] 10/14/25).

Documentation of the weekly walk through will be kept.

Moving forward Kitchen cabinets(inside) will be deep cleaned quarterly (beginning Jan 2026) by administrator or designee. First deep cleaning by the administrator or staff will take place by 10/31/25. Log of deep cleaning of the inside of the cupboards will be kept in the homes records

Education for compliance with 2600.103i will be complete by Oct 20 2025. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/31/2025

Implemented [REDACTED] - 01/14/2026)

121a - Unobstructed Egress

19. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At the time of inspection, a caution sign was blocking the top of the ramp leading from the front porch to the sidewalk, which is an egress route.

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Imediate action: UPDATE: The ramp was torn down on 10/6/25. Egress is open and unobstructed using the front steps. All residents are mobile and can navigate the 4 steps to access the meeting place. Invoice and photo will be attached to this report.

Maintenance person, using a check list will be walking the outside and inside of the building weekly to identify areas that need repair or present a hazard that needs immediate attention. Walthroughs to begin 10/20/25. (DIRECTED: The weekly walkthroughs shall include an inspection of all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed in accordance with 2600.121a. Documentation of the weekly audits shall be kept for 1 month, [REDACTED] 10/14/25).

Education (10/17/25) will take place for all staff on the the importance of compliance with 2600.121 . (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/31/2025

Implemented [REDACTED] - 01/14/2026)

121a - Unobstructed Egress (*continued*)

123c - Evacuation Diagrams

20. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The emergency evacuation diagrams in the following locations do not include the line of travel to the exit doors:

- *The emergency evacuation diagram located near the front door on the 1st floor*
- *The emergency evacuation diagram located at the top of the 2nd floor front staircase*

The home currently serves 11 residents.

Plan of Correction**Directed** [REDACTED] - 10/14/2025)

Immediate Action: ALL THE EVACUATION diagrams in the building were removed from their location and line of travel to the exit added. This was completed 9/23/25. Photo will be attached to this report.

Continued Compliance. Quarterly beginning JAN 6, 2026 maintenance person, using a check list will review the evacuation diagrams for location and accuracy.

Education to take place before 10/17/25 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

Proposed Overall Completion Date: 01/06/2026

Directed Completion Date: 10/17/2025

Implemented [REDACTED] - 01/14/2026)

131f - Fire Extinguisher Inspection

21. 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

Numerous fire extinguishers in the home have not been inspected and approved by a fire safety expert since April, 2024, to include the following:

- *The fire extinguisher near the kitchen doorway*
- *The fire extinguisher in the basement*
- *The 2 fire extinguishers located next to the fire escape on the 2nd floor*

Plan of Correction**Directed** [REDACTED] - 10/14/2025)

Immediate Action: On 9/30/25 the Administrator called ABC Fire to resolve the issue. ABC Fire Co. will inspect the fire extinguishers.

Continued Compliance. ABC Fire will track and schedule inspection yearly. Payment has been changed to automatic withdrawal to avoid confusion, Maintenance person will walk the building weekly using a check list and will act as a back up to inform administrator one month before the extinguishers expire.

Maintenance will be educated on the check list and the associated responsibilities

131f Fire Extinguisher Inspection (continued)

on 10/17/25 Weekly checks will begin week of 28, 2025 (Weekly checks shall begin on 10/28/25. LM 10/14/25). ABV fire will check all extinguishers 10/27/25 at 10AM. No tags were issued. (DIRECTED: By 10/27/25: The administrator shall ensure all fire extinguishers in the home, including the fire extinguishers located near the kitchen doorway, basement and 2nd floor are inspected and approved by a fire safety expert. Documentation of inspection/approval shall be present on each fire extinguisher. [REDACTED] 10/14/25)

Proposed Overall Completion Date: 10/27/2025

Directed Completion Date: 10/28/2025

Implemented [REDACTED] - 01/14/2026)

132g - Fire Drills Days/Times**22. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The last 3 fire drills held during sleeping hours were conducted during the 11pm hour on the following dates/times:

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

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: The next night time fire drill time will be adjusted by the administrator or designee. The night time drill will be held sometime between 12am and 6:00AM. (DIRECTED: By 10/31/25: An unannounced fire drill shall be held between 10:00am and 6:00am. Documentation of the fire drill shall be kept in accordance with 2600.132c. [REDACTED] 10/14/25).

Daytime drills will be adjust to reflect different times. Dates and time will be recorded on the standard fire drill log and are available in the building for review,

Continued Compliance: Fire drill times and exits paths will be adjusted to reflect different times of the day and night. The Administrator or designee will take the previous drill log into account when choosing a time and exit to be used for the months drill. Education will take place for all staff on 10/14/25. Education will be attached to this report. The next drill will take place in Oct 2025 and will reflect the requirement. The fire drill log will be available to the department by Oct 31 2025 The administrator shall review all fire drill records monthly to ensure compliance with 2600.132g Implemenation will take place during the Nov 2025 fire drill. Time to be determined . Administrator will initial [REDACTED] fre drill checks on a monthly basis.

Proposed Overall Completion Date: 11/30/2025

Directed Completion Date: 10/31/2025

Implemented [REDACTED] - 01/14/2026)

185a - Implement Storage Procedures

23. 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 currently prescribed "[REDACTED] 2 puffs by mouth every 6 hours as needed for [REDACTED]"; however, the medication was not present in the home and available for administration.

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: [REDACTED] for resident [REDACTED] was reordered from the pharmacy and delivered on 9/20/25.

Continued Compliance:

1. Administrator and designee completed at cart audit to confirm all ordered medications were present in the building. Audit was performed 9/30/25 prior to the use of OCT MARs

2: Administrator and designee will perform a complete cart audit the LAST TUESDAY of of each month, prior to the new months MAR being put into use. Audit will be attached (DIRECTED: The monthly audits shall begin on 10/28/25. [REDACTED] 10/14/25).

3. All medication certified staff will be re-educated by a certified medication trainer on 10/28/2025. Documentation will be attached to this report

Proposed Overall Completion Date: 10/28/2025

Directed Completion Date: 10/28/2025

Implemented [REDACTED] - 01/14/2026)

187b Date/Time of Medication Admin.

24. 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 currently prescribed "[REDACTED] tablet-Take 1 tablet by mouth once daily for supplement".

Resident [REDACTED]s September 2025 medication administration record (MAR) indicates this medication was administered to resident [REDACTED] or [REDACTED] at 8:00am by staff person B; however, the medication was not available in the home at the time of this administration and was not administered to resident [REDACTED]

Resident [REDACTED] is currently prescribed "[REDACTED]-Take 1 tablet by mouth daily at bedtime". Resident [REDACTED]s September 2025 MAR indicates this medication was administered on [REDACTED] at 8:00pm by staff person C; however, the medication was not available in the home at the time of this administration and was not administered to resident [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/14/2025)

Immediate Action: on 9/19/25 Physician and responsible party were notified of the medication not being administered to resident [REDACTED] on 9/19/25 Physician and responsible party were notified of the medication not being administered resident [REDACTED]

Resident [REDACTED] tablet was discontinued by the physician. on 9/19/25 D/c order will be attached to

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

this report.

Resident [REDACTED] On 9/19/25 The pharmacy confirms the medication was missing from the dispensing system on 9/18 and 9/19/25. This was a technical error on the pharmacy side but should have been caught by the education tech. The dose of [REDACTED] tablet to be given at bedtime was delivered to the facility the evening of 9/19/25 and was administered to resident [REDACTED]. Resident [REDACTED] missed one dose of [REDACTED] tablet on 9/18/25. Continued compliance: on 9/23, 25 Staff member B and staff member C were verbally counseled by the administrator concerning the medication administration process and requirements if the medication is not available for administration. Administrator observed two med passes done by staff member B, confirming [REDACTED] understands the process and is following the process, A certified medication trainer will conduct a refresher class on the correct steps of the medication administration process and the related documentation and communication with the physician. The class will take place 10/28/25. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25). All medication techs will attend and the Administrator will attend.

DIRECTED: Beginning on 10/20/25: The administrator/designee shall audit at least 5 different resident MAR's monthly to ensure accurate and complete medication administration documentation is present, to ensure all medications are present in the home and were administered to residents in accordance with prescribers' orders. [REDACTED] 10/14/25

Proposed Overall Completion Date: 10/28/2025

Directed Completion Date: 10/28/2025

Implemented ([REDACTED] - 01/14/2026)

187d - Follow Prescriber's Orders

25. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] tablet-Take 1 tablet by mouth once daily for supplement"; however, this medication was not administered to resident [REDACTED] on the morning of [REDACTED], because the medication was not available in the home for administration.

Resident [REDACTED] is currently prescribed [REDACTED] tablet-Take 1 tablet by mouth daily at bedtime"; however, this medication was not administered to resident [REDACTED] on the evening of [REDACTED], because the medication was not available in the home for administration.

Plan of Correction

Directed ([REDACTED] - 10/14/2025)

Immediate Action: Physician was notified of the missed medication for both resident 1 and resident [REDACTED]. Notification took place 9/19/25. Responsible parties of resident [REDACTED] and res [REDACTED] were notified on 9/19/25 by the pharmacy and the administrator

Physician discontinued the [REDACTED] for resident [REDACTED] on 9/19/25 There were no further orders for resident [REDACTED] resident [REDACTED] did not display any side effects

It has been determined the root cause of the error was the medication tech deviating from the standard method of administering medications.

187d Follow Prescriber's Orders (continued)

(DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure resident [REDACTED]s [REDACTED] are present in the home and available for administration in accordance with prescribers' orders. [REDACTED] 10/14/25).

Certified medication trainer is schedule to re educate and provide remediation observations for all medication techs. The remediation class and observations will take place 10/28/25 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

DIRECTED: Beginning on 10/20/25: The administrator/designee shall audit at least 5 different resident MAR's monthly to ensure accurate and complete medication administration documentation is present, to ensure all medications are present in the home and were administered to residents in accordance with prescribers' orders. [REDACTED] 10/14/25

Proposed Overall Completion Date: 10/28/2025

Directed Completion Date: 10/28/2025

Implemented [REDACTED] 01/14/2026)

191 - Resident Right to Refuse**26. Requirements**

2600.

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

Description of Violation

The following residents have not been educated on their right to question or refuse medication if the residents believe there may be a medication error:

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

Plan of Correction

Directed [REDACTED] 10/14/2025)

immediate Action: Residents [REDACTED] were educated on their right to refuse a medication if they believe there may be a medication error. Residents [REDACTED] and [REDACTED] signed the homes rules where this is addressed. (DIRECTED: By 10/16/*25: The administrator shall ensure the documentation for residents [REDACTED] and [REDACTED] is present in each resident's record. [REDACTED] 10/14/25). The right to refuse a medication if it f the resident believes it to be an error is noted in the house rules. House rules are reviewed at the time of admission and are hung in the dining area of the home for review. Residents sign the home rules on admission. Documentation is available in resident 3, resident 4 and resident 6 records and will be attached to this report.

Continued Compliance: An audit of all resident records to confirm the presence of Right to Question or Refuse a Medication if they believe it may be an error was completed by the administrator on 9/30/25. beginning Jan 2026, ,an audit of 4 random records (to include the most recent admission) will be completed quarterly. documentation will be included in this report. Administrator and designee will review the requirement of 2600.191. Documentation of the review/education by the Administrator and a designee who may be involved in the admission process will be completed on Oct 20 2025 and attached to this report.

191 - Resident Right to Refuse (continued)

DIRECTED: By 10/17/25: The administrator shall develop and implement a new admission checklist to ensure residents are notified in writing at the time of admission on their right to refuse or question a medication if they believe there to be a medication error. Documentation of the completed new admission checklists shall be kept in each new resident's record. [REDACTED] 10/14/25

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/20/2025

Implemented ([REDACTED] - 01/14/2026)

225a - Assessment 15 Days

27. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s medical evaluation, dated [REDACTED], indicated resident [REDACTED] is prescribed a diabetic diet; however, resident [REDACTED]'s assessment, dated [REDACTED], indicates "N/A" for the resident's diet.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed ([REDACTED] - 10/14/2025)

Immediate: on 9/30 /25 Resident [REDACTED] physician was notified to clarify what diet the resident should be following. The physician ordered a general diet and provided an order via email. (DIRECTED: By 10/16/25: The administrator shall update resident [REDACTED]'s assessment to indicate resident [REDACTED]'s current prescribed diet. The updated assessment shall be placed in resident [REDACTED]'s record. [REDACTED] 10/14/25).

Resident # will have another DME completed by the MD on 10/20/25. The assessment will be updated by the administrator if necessary.

On 9/30/25 all resident DME's were reviewed and compared to the assessment/support plan. The audit was completed by the administrator.

No other discrepancies were found. Audit to be included in this report.

Beginning Jan 2026 4 random files will be audited by the administrator or designee to ensure the diet ordered on the DME is congruent with the assessment. Documentation will be kept in the facility. Education /re education /review of 225a will be completed by the administrator and designee involved in the assessment process. (DIRECTED: The education shall be completed by 10/20/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/14/25).

DIRECTED: Beginning on 10/20/25: The administrator/designee shall review at least 5 resident assessments per month to ensure accuracy and completeness. [REDACTED] 10/14/25.

Proposed Overall Completion Date: 10/20/2025

Directed Completion Date: 10/20/2025

225a - Assessment 15 Days (continued)

Implemented () - 01/14/2026)

225c - Additional Assessment

28. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident's most recent assessment, dated , does not include an assessment of resident's supervision needs. This section of resident's assessment is blank.

Plan of Correction

Accept () - 10/14/2025)

Immediate action: The assessment of resident was reviewed and the "supervision needs" were completed 9/30/25. The assessor and the resident signed the updated assessment on 9/30/25.

Continued compliance: on 9/30/25 All resident assessments were audited by the administrator for completeness. Beginning 10/20 /25 the the assessments and support plans will be reviewed by two people prior to filing in the record. Both persons will sign a check off form confirming the double check, Attached

Education for those involved in Assessments and Support plans will be completed by 10/17/25 and attached

Proposed Overall Completion Date: 10/20/2025

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented () - 01/14/2026)

227d - Support Plan Medical/Dental

29. Requirements

2600.

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

Description of Violation

At the time of inspection, a bedside mobility device was present on resident's bed; however, resident's most recent support plan, dated , does not include the specific need for the device, the intended use and any risks associated with the use or resident's ability to use the device safely for the purpose it was intended.

REPEAT VIOLATION: ()

Plan of Correction

Directed () - 10/14/2025)

Immediate Action: The support plan was updated on 9/30/25 by the administrtor to include why the device is required (bed mobility/safe transfers in and out of bed, The resident was educated and can use the device

227d - Support Plan Medical/Dental (continued)

independently. Rasp update will be attached to this report.

Continued compliance: Rasps of resident 5 and resident 6 who also have bed mobility devices were review for accuracy. The review was completed 9/30/25 by the administrator. Going forward (Oct 1 2926) all residents records who have a bed mobility device will be reviewed by the administrator and a designee to ensure compliance with 2600.227 d This will take place prior to the document being filed in the resident record. Review /education of the requirement will take place for the administrator and designee 10/17/25.

DIRECTED: By 10/25/25: The administrator shall review the support plans for all residents currently using a bedside mobility device to ensure resident support plans indicate the specific need for the device, the intended use and any risks associated with the use and the residents' ability to use the device safely for the purpose it was intended. Copies of the updated resident support plans shall be kept in each resident's record and be accessible to direct care staff persons at all times. [REDACTED] 10/14/25

DIRECTED: Beginning on 10/20/25: The administrator/designee shall review at least 5 resident support plans per month to ensure accuracy and completeness. [REDACTED] 10/14/25.

Proposed Overall Completion Date: 10/17/2025

Directed Completion Date: 10/25/2025

Implemented [REDACTED] - 01/14/2026)

227g -Support Plan Signatures

30. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED]'s most recent support plan, dated [REDACTED], is not signed by the assessor or resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/06/2025)

On October 1, 2025 the support plan dated 7/9/25 for resident [REDACTED] was reviewed with both assessor and resident [REDACTED] Signatures were obtained from both parties, and the signed document was placed in the resident file.

Resident [REDACTED]'s rights and preferences were re-confirmed during the review to ensure the plan continues to reflect their current needs and wishes.

A full audit of all current resident support plans was conducted on October 1, 2025 to identify any additional unsigned or incomplete plans.

Any support plans found missing require. Signatures were immediately corrected and signed by both the assessor and the resident or their designated representative.

A support plan verification form has been implemented Oct 1 2025 and will be included in this report. This checklist must be completed and attached to each support plan before it is filed.

The administrator or designee will now review all completed support plans within 48 hours of assessment/support plan and DME to verify that required signatures are present and all areas are accurate and complete. check list will be attached

Any staff involved in assessments/support plans will be re-educated on the requirements by 10/17/25

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

Implemented [REDACTED] - 01/14/2026)

227g -Support Plan Signatures (continued)

251c - Standardized Forms

31. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident’s record.

Description of Violation

Resident [redacted]’s medical evaluation, dated [redacted], is not completed on the Department’s current standardized form. The home is licensed as a Chapter 2600-Personal Care Home; however, resident [redacted]’s medical evaluation is completed on the Chapter 2800-Assisted Living medical evaluation form.

Plan of Correction

Directed [redacted] - 10/14/2025)

Immediate Action: The medical evaluation f resident [redacted] was re-done on the correct 2600 form !0/2/25 and will be reviewed and signed by the physician on [redacted] Oct 20, 2025 visit. It will be attached to this report. (DIRECTED; By 10/20/25: The administrator shall ensure resident [redacted]’s new medical evaluation is kept in resident [redacted]’s record. [redacted] 10/14/25).

Continued compliance: The root cause of this error was the presence of the 2800 form on the facilities Tabula Pro program. It was chosen in error. The option of choosing the 2800 form has been removed and only the 2600 form remains. An audit done by the administrator and designee examined both the hard copy record and Tabula pro. No other residents were affected by the use of a 2800 or, The option to choose a 2800 form was removed from Tabula Pro in Sept 2025.

DIRECTED: Beginning on 10/20/25: The administrator shall review at least 4 resident records per month to ensure the Department’s current, standardized forms are in use. [redacted] 10/14/25

Proposed Overall Completion Date: 10/07/2025

Directed Completion Date: 10/20/2025

Implemented [redacted] - 01/14/2026)