

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

December 18, 2025

[REDACTED]  
THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER  
[REDACTED]

RE: THE HICKMAN  
400 N. WALNUT STREET  
WEST CHESTER, PA, 19380  
LICENSE/COC#: 14093

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2025, 10/02/2025 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: *THE HICKMAN* License #: 14093 License Expiration: 03/13/2026  
 Address: 400 N. WALNUT STREET, WEST CHESTER, PA 19380  
 County: CHESTER Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: *THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 01/26/2018 Issued By: *Borough of West Chester*  
 Type: C-2 LP Date: 05/14/1993 Issued By: *Commonwealth of Pennsylvania, L&I*

**Staffing Hours**

Resident Support Staff: 1.50 Total Daily Staff: 111.5 Waking Staff: 84

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: 10/02/2025

**Inspection Dates and Department Representative**

10/01/2025 - On-Site: [REDACTED]  
 10/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 125 Residents Served: 69

**Secured Dementia Care Unit**  
 In Home: Yes Area: *Darlington* Capacity: 26 Residents Served: 21

**Hospice**  
 Current Residents: 12

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 41 Have Physical Disability: 1

**Inspections / Reviews**

10/01/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/10/2025

Inspections / Reviews *(continued)*

11/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2025

12/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

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

On [REDACTED], at 9:43 AM, three empty medication cards containing personal information for resident [REDACTED] were left unlocked, unattended, and accessible on top of a medication cart in the memory care unit (Darlington Neighborhood).

Plan of Correction

Accept [REDACTED] J - 11/13/2025)

Med Tech was immediately provided re-education to importance of keeping residents personal information inaccessible to others. Empty Medication cards were then placed inside of Med Cart until Med Tech could properly dispose of them. A new Standard Operating Procedure was implemented and all Med Techs were reeducated. (See attached SOP and Signature Sheet) Shift Supervisors will spot check Med Carts weekly while making rounds for 1 month and then monthly thereafter to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented [REDACTED] - 12/18/2025)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident [REDACTED] passed away on [REDACTED] Resident [REDACTED] personal belongings were removed from their room on [REDACTED] however, a refund was not issued until [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2025)

The Business Office Manager immediately performed an audit of the closed resident files from October 1, 2024 to October 1, 2025 to ensure no other refunds were missed. There were none found. A new Standard Operating Procedure was developed (see attached) and team members were educated to the process. The Director of Finance will monitor adherence to procedure each month during month end closing to ensure timely refunds are made.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] - 12/18/2025)

41c - Rights Poster

3. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

## 41c Rights Poster (continued)

**Description of Violation**

*The Department's resident's rights poster is not posted in a conspicuous and public place in the home's secured dementia care unit (Darlington Neighborhood).*

**Plan of Correction**

**Accepted** [REDACTED] - 11/13/2025)

*While the Residents Rights Poster was conspicuously placed in the Lobby, and all other floors of the building, it was not posted inside the Memory Support Unit. A Resident Rights Poster was posted while the inspectors were onsite. All residents in attendance at the Monthly meeting were re educated to Resident Rights and the location of the postings. The Executive Director will monitor all locations for postings.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

**Implemented** [REDACTED] - 12/18/2025)

## 44g - Telephone Number

**4. Requirements**

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

**Description of Violation**

*The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the Darlington Neighborhood.*

**Plan of Correction**

**Accepted** [REDACTED] - 11/13/2025)

*While the Postings were conspicuously placed in the Lobby and all other floors of the building it was not posted in the Memory Support Neighborhood. The poster was immediately posted while the inspectors were onsite. All residents at the monthly resident meeting were re educated and the local Ombudsman was also present. The Executive Director will monitor all locations for up to date postings.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

**Implemented** [REDACTED] 12/18/2025)

## 82c - Locking Poisonous Materials

**5. Requirements**

2600.

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

**Description of Violation**

*Upon arrival on [REDACTED] a physical site inspection was initiated in the Darlington Neighborhood. Eight resident rooms were observed to have toiletries unlocked, unattended and accessible to residents. Many of these items have a manufacturer's warning label indicating, to some effect, if ingested, contact a physician or a Poison Control Center. Some of the items include:*

- *Dove advanced care antiperspirant deodorant with a manufacturer's warning label that reads "If swallowed, get medical help or contact a Poison Control Center right away." in room [REDACTED].*

82c - Locking Poisonous Materials (continued)

- Medline mouthwash with a manufacturer's warning label that reads "In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately." in room [REDACTED].
- Crest Anticavity Fluoride Toothpaste with a manufacturer's warning label that reads "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away." in room [REDACTED]

The residents of the Darlington Neighborhood have been assessed as not being capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 11/13/2025)

The physical site inspection was initiated at 9:10 am during routine am care. Once identified the cabinets were locked accordingly. The Resident Care Team and Housekeeping Team was immediately re-educated to the importance of immediately locking toiletries/poisons up after each use and before exiting residents' rooms. The Director of Resident Services will audit 10 rooms weekly for 4 weeks then monthly thereafter to spot check for continued adherence to 82c.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] - 12/18/2025)

85a - Sanitary Conditions

6. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], during a medication administration observation, staff member A did not wash or sanitize their hands between administering medications to different residents.

Plan of Correction

Accept [REDACTED] 11/13/2025)

Employee "A" was immediately reeducated to proper hand hygiene techniques. Each team member was provided re education on hand hygiene and use of sanitizer during med pass as evidenced by the attachment.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] - 12/18/2025)

91 - Telephone Numbers

7. 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.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in rooms [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2025)

New Emergency Telephone Cards were immediately placed in rooms [REDACTED] and [REDACTED] which are located in the

**91 - Telephone Numbers (continued)**

*Memory Support Unit. An audit of all rooms was completed by the Housekeeping Supervisor. All resident Services staff and Housekeepers have been re-educated to ensure that the emergency numbers are available in each room daily (see attached). The Housekeeping Team are now equipped with additional picture frames with the emergency numbers on their carts for distribution in real time. This placement has been added to the monthly safety check list to prevent reoccurrence. (See attachment)*

**Licensee's Proposed Overall Completion Date:** 11/10/2025

**Implemented** [REDACTED] 12/18/2025)

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

2600.

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

**Description of Violation**

On [REDACTED], at 10:03 AM, the kitchen refrigerator in the Darlington Neighborhood was in disrepair and leaking water onto the floor. Towels had been placed inside the refrigerator and the freezer to absorb the leaking water.

**Plan of Correction**

**Accept** [REDACTED] - 11/13/2025)

*It was noted by the dining server upon arrival at 7: 30am on 10/1/2025 that the refrigerator was not up to acceptable temperature. Per our policy, the team member removed and discarded all contents of the refrigerator and requested a work order to the maintenance department. Towels were placed in the refrigerator and on the floor to absorb the leaking water which was a result of the freezer defrosting and contents sweating. It was noted by the maintenance technician that the door gasket was compromised therefore it did not create the airtight seal between the door and the frame, allowing warm air in. The seal was readjusted and the refrigerator unit placed back in service by the same afternoon. It was noted that the daily temperature logs were within normal range until 10/1/2025 when the refrigerator was taken out of service to repair. (See attached picture of refrigerator, temperature gauge and October's temperature logs)*

**Licensee's Proposed Overall Completion Date:** 11/10/2025

**Implemented** [REDACTED] - 12/18/2025)

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

2600.

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

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

**Description of Violation**

*The residents in rooms [REDACTED] and [REDACTED] do not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction**

**Accept** [REDACTED] 11/13/2025)

*The resident in [REDACTED] is unable to have a bedside table with lamp due to placement of a fall mat next to bed. A wall mounted motion sensor lamp was placed at bedside. The resident in [REDACTED] is unable to physically turn a lamp on and off due to immobility. A wall mounted motion sensor lamp was placed at bedside. The team was educated to monitoring the need for battery replacement and reporting. This item was added to the facilities monthly room inspection checklist. (See attached)*

**Licensee's Proposed Overall Completion Date:** 11/10/2025

101j7 Lighting/Operable Lamp (*continued*)

Implemented (█ - 12/18/2025)

## 102f Towel/Washcloth/Soap

**10. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

**Description of Violation**

Resident █ and █ have a shared bathroom in room █. On █ at 9:20 AM, 1 towel was hung on a towel bar and 1 washcloth was on the sink. Neither the items nor the towel bars were labeled indicating to whom the items belonged.

**Plan of Correction**

Accept (█ - 11/13/2025)

There are a total of 3 rooms with shared bathroom spaces and each has been equipped with a letter "A" or "B" next to the towel rack which correlates with each placement within the room (See attached picture). Staff were reeducated to utilization of proper towel bar for each resident.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented (█ - 12/18/2025)

## 102h Toilet Paper

**11. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

On █, at 9:20 AM, there was no toilet paper for the toilet in the bathroom of room █.

**Plan of Correction**

Accept (█ - 11/13/2025)

Toilet paper was immediately retrieved from the accessible cupboard outside of the bathroom in the resident's hallway. At 9:20am, the room had yet to be serviced by housekeeping and the direct care staff had yet to tidy the room after morning care. Both the Resident Services Team and the housekeeping team monitor the need for replacing toilet paper each shift. Re-education to current protocol reinforced. (See attached)

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented (█ - 12/18/2025)

## 103e Left Overs

**12. Requirements**

2600.

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

**Description of Violation**

There was an unlabeled, undated white bag containing empty Tupperware containers and something possibly a roll wrapped in aluminum foil in the third floor (Sharpless Neighborhood) activity room refrigerator.

**Plan of Correction**

Accept (█ - 11/13/2025)

The items were immediately discarded as is the standard practice if items are unlabeled. The refrigerators are

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

monitored daily for temperature control as well as dating of contents. The audit had not yet been accomplished prior to the inspector observing as breakfast cleanup was still being completed. The staff were re-educated as to the importance of labeling all items stored in common refrigerators. Additionally, adhesive stickers were mounted for use on the outside of the refrigerator for ease of use by the staff (see attached photo and in service log) The Dining Team will continue to audit each refrigerator daily and discard any items not labeled appropriately.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] - 12/18/2025)

**105g - Lint Removal and Duct Cleaning****13. Requirements**

2600.

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

**Description of Violation**

On [REDACTED] at 10:06 AM, there was an accumulation of lint in the lint trap of the clothes dryer on the Darlington Neighborhood. There were no clothes in the dryer at the time.

**Plan of Correction**

Accept [REDACTED] 11/13/2025)

The laundry unit in the Darlington Neighborhood is openly available for use by staff and families. While daily visual checks were/are in place daily by the housekeeping department, moving forward the Shift Supervisors will monitor the lint trap each shift ensuring it was cleared for 90 days. The daily checks by the Housekeeping Supervisor will continue along with monthly review of documentation by the Director of Facilities. Additionally, the vents are professionally cleaned by Dryer Vent Squad every 4 months.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] 12/18/2025)

**141a 1-10 Medical Evaluation Information****14. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include immunization history, body positioning and

**141a 1 10 Medical Evaluation Information (continued)**

*movement stimulation for the resident, if appropriate.*

**Plan of Correction**

Accept [REDACTED] - 11/13/2025)

*While we cannot go back and alter historic documents, an audit of all DME's was completed by the Director of Resident Services. If information was omitted, it was acknowledged, signed and dated (See attached sticker). The Director of Resident Services performs quarterly audits of all current documents.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

Implemented [REDACTED] - 12/18/2025)

**162c - Menu Posted****15. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On [REDACTED], the home's menu for the current week of [REDACTED] to [REDACTED] was posted in the Darlington Neighborhood and the Sharpless Neighborhood. No additional menus were posted.*

**Plan of Correction**

Accept [REDACTED] - 11/13/2025)

*The menus are prepared on a 5 week cycle for each season. The additional week menu was posted immediately while the inspectors were onsite. Moving forward the Dining team will post 2 weeks of menus each week on Mondays. The Dining Director will ensure this process weekly by visual audit.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

Implemented [REDACTED] - 12/18/2025)

**181f - Record of Medication****16. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering [REDACTED] medication.

**Description of Violation**

*On [REDACTED], resident [REDACTED] record did not include a current list of medications. The list in the resident's record included [REDACTED] Mix and drink 1 packet by mouth twice a day with water or non carbonated drink and [REDACTED] Give one tablet by mouth every 4 hours as needed for pain. The resident does not take these medications.*

**Plan of Correction**

Accept [REDACTED] - 11/13/2025)

*Immediate medication reconciliation of all residents who self administer medication was done for accuracy by the RN. Residents who self administer were re educated to the importance of updating RN when medication lists change or medications are no longer taken. The RN will audit each resident's list in partnership with the resident and PCP monthly to ensure continued accuracy. The Director of Resident Services will monitor the formal bi annual self medication assessment.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

Implemented [REDACTED] 12/18/2025)

181f - Record of Medication (continued)

183d - Prescription Current

17. 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

On [redacted] [redacted] prescribed for resident [redacted] was in the home's Sharpless Neighborhood medication cart; however, the medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 11/13/2025)

This medication was discontinued from 2 times daily and a new order received for 1 time daily. The medication dose remained unchanged however the Med Tech failed to attach a "Direction Change" sticker to the Blister Pack as the medication was not expired. The Med Techs were re-educated to the use of the stickers supplied from the pharmacy and ensuring accuracy of each label during med cart audits (see attached). An audit of all med carts was completed by the RN Supervisor and Shift Supervisors will perform an audit of 10 cards from each cart weekly for 4 weeks and then monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] - 12/18/2025)

183e - Storing Medications

18. 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], the following medication cards were damaged:

- Resident [redacted] slot #6 was torn,
- Resident [redacted] - slot #11 was punctured,
- Resident [redacted] - slots #1, #6 and #8 were torn,
- Resident [redacted] slots #1, #8 and #24 were torn.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 11/13/2025)

The packaging/foil has an opportunity to be inadvertently punctured during each med pass. Med Techs were re-educated (See attached) to inspect the blister packs for pinholes and other compromises. Furthermore, Med Techs were instructed to discard the medication and report to the pharmacy as this could become problematic for refills especially routinely scheduled medications. This should become part of the med cart audit standard operating procedure (See attached). Shift Supervisors will audit 10 Blister Cards from each med cart weekly for 4 weeks and then monthly thereafter. Director of Resident Services will review all audits and review with Pharmacy.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] - 12/18/2025)

183e - Storing Medications (continued)

19. 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] the following ophthalmic medications were kept beyond the manufacturer's recommended discard dates;
• [redacted] for resident [redacted] - opened [redacted] manufacturer's recommendation is to discard after 28 days
• [redacted] for resident [redacted] - date opened is listed as [redacted] manufacturer's recommendation is to discard after 28 days
• [redacted] for resident [redacted] opened [redacted], manufacturer's recommendation is to discard after six weeks.

Plan of Correction

Accept [redacted] - 11/13/2025)

The eye drops for all residents were immediately discarded and reordered from the pharmacy. Med Techs re-educated to following manufacturer's instructions regarding disposal (see attached). Shift Supervisors will audit eye drops on each cart on the 1st and 15th of each month, ensuring that eye drops have been properly stored and are within manufacturers recommended date of usage.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented ([redacted] - 12/18/2025)

184b - Labeling OTC/CAM

20. 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 package of [redacted] belonging to resident [redacted] was in the Darlington Neighborhood medication cart 1 and was not labeled with the resident's name.

On [redacted] package of [redacted] belonging to resident [redacted] was in the Sharpless Neighborhood medication cart and was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 11/13/2025)

The resident for whom the medications were for were immediately identified and labeled accordingly. All Med Techs were re-educated to the importance of labeling OTC medications with the resident's name and or room number immediately upon receipt from family (see attached). Families are also encouraged to acquire all medication from the house pharmacy to ensure that medications come with all of the Medication Administration rights identified on the label. Many families choose not to utilize our pharmacy. Med Techs will continue to audit all medications during the med pass and Supervisors will audit 10 cards from each Med Cart weekly for 1 month and then monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented ([redacted] 12/18/2025)

## 185a - Implement Storage Procedures

## 21. 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] MG Tab - Give 2 tabs every 8 hrs PRN Pain as needed. On [REDACTED] this medication was not available in the home.

## Plan of Correction

Accept [REDACTED] 11/13/2025)

This Medication is supplied from the family versus the facility pharmacy for cost savings. The med techs have been instructed to secure medication from the pharmacy if families are not immediately responsive to replenishing necessary medications. Med Techs should audit availability of medication during each med pass. Resident Services Director will audit use of PRN medications monthly and recommend discontinuation of medication to PCP of any medications not used the prior 30 days.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [REDACTED] - 12/18/2025)

## 187d - Follow Prescriber's Orders

## 22. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - Give 1 prefilled syringe by mouth every day at bedtime. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Give one (1) tablet (1MG) by mouth one time a day at 4:00PM. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Give one (1) tablet by mouth one time a day for memory and [REDACTED] - Give one (1) tablet by mouth one time a day for [REDACTED]. However, these medications were not administered to resident # [REDACTED] on [REDACTED] and [REDACTED] because these medications were not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Give one (1) tablet by mouth every day at bedtime for sleeplessness. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

## Plan of Correction

Accept [REDACTED] - 11/13/2025)

Medications for Residents #11 and # 15 required a "Hard Script" from PCP for each refill. The omitted dates were over a weekend when the pharmacy is not open. Medications for residents #16 and #17 are on a 30 day "Cycle fill" from the pharmacy. This has been referred to the pharmacy for remediation as well as adjusting internal operating procedure. Med Techs have been instructed to perform an audit of all scheduled medications requiring a hard script each Wednesday to ensure new prescriptions are received timely at the pharmacy and delivered in advance of the

**187d - Follow Prescriber's Orders (continued)**

*weekend. All current orders for cycle fill will be audited to ensure that 12 months of refills are available. Shift Supervisors will audit refill requests weekly for 4 weeks and monthly thereafter. Director of Resident Services will engage with Pharmacy to strengthen process and expectations for timely refills.*

**Licensee's Proposed Overall Completion Date: 12/15/2025**

**Implemented [REDACTED] - 12/18/2025)**

**231e - No Objection Statement****23. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission. The "Secure Dementia Neighborhood Consent Form" is signed only by the resident's physician.*

*Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident has not objected to the admission. The "Secure Dementia Neighborhood Consent Form" is signed only by the resident's responsible party.*

**Plan of Correction**

**Accept [REDACTED] - 11/13/2025)**

*While we are not able to go back and add signatures to prior documents, an audit was completed by the Director of Resident Services to include a sticker acknowledging the omission with a date and signature. The Director of Resident Services audits all new move in documents for completion and also performs quarterly audits.*

**Licensee's Proposed Overall Completion Date: 11/10/2025**

**Implemented [REDACTED] - 12/18/2025)**