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

December 4, 2025

[redacted]
914 W MARKET STREET OPERATING COMPANY LLC
[redacted]

RE: AUTUMN HOUSE OF YORK
914 WEST MARKET STREET
YORK, PA, 17401
LICENSE/COC#: 33822

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2025 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**: *AUTUMN HOUSE OF YORK* **License #**: *33822* **License Expiration**: *03/24/2026*

**Address**: *914 WEST MARKET STREET, YORK, PA 17401*

**County**: *YORK* **Region**: *CENTRAL*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *914 W MARKET STREET OPERATING COMPANY LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *04/27/2000* **Issued By**: *Department of Labor & Industry*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *112* **Waking Staff**: *84*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Complaint, Fine* **Exit Conference Date**: *10/09/2025*

## Inspection Dates and Department Representative

*10/09/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *132* **Residents Served**: *86*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Laurel Court* **Capacity**: *20* **Residents Served**: *13*

### Hospice

**Current Residents**: *13*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *85*

**Diagnosed with Mental Illness**: *13* **Diagnosed with Intellectual Disability**: *1*

**Have Mobility Need**: *26* **Have Physical Disability**: *0*

## Inspections / Reviews

### 10/09/2025 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/27/2025*

### 10/28/2025 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *11/24/2025*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/03/2025*

## Inspections / Reviews *(continued)*

**11/04/2025 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *11/24/2025*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/24/2025*

**12/04/2025 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *11/24/2025*

**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 4:37 PM, medication containers for Resident [redacted]'s [redacted] and Resident [redacted]'s [redacted] were unlocked, unattended, and accessible in the trash bin attached to the 2000 hall medication cart. Each container identified the residents' name, medication regimen and diagnoses.*

*Repeated Violation - [redacted] et al.*

**Plan of Correction** ***Accept [redacted] 10/28/2025)***

*1. The items found in the trash bin attached to the 2000 hall medication cart were pulled from the cart by nursing staff and discarded appropriately at the time of survey when the items were found on 10/9/2025. There are receptacles in the building that are kept secured for shredding purposes.*
*2. No other medication containers or items with protected information were found during the survey on 10/9/2025.*
*3. The administrator purchased Identity Theft Protection Roller Stamps on 10/23/25 to be kept on and used at each medication cart to cover any protected, identifying information on items that may need to be thrown away. These will be placed on the med carts and introduced to staff on 10/28/2025 upon delivery. Med techs will be re-educated by the DOW and RCC on 11/12/2025 at the monthly nursing meeting to the appropriate process to discard items that may have protected information on them by either putting them in the shred receptacles or to use the Identity Theft Protection Roller Stamps to completely cover any identifying information before discarding. The administrator will also review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This meeting will include re-education related to HIPAA for all staff present.*
*4. An audit of medication areas will be completed by the administrator or designee weekly times four weeks beginning the week of 10/27/2025 and then monthly times two months beginning in December 2025 to ensure resident records are kept confidential. These results of these audits will be kept by the administrator and used for quality assurance purposes.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 85a Sanitary Conditions

**2. Requirements**

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

**Description of Violation**

*On [redacted] at 10:23 AM, mold spores were lining a ceiling vent in the 3000-hall near resident room [redacted]*

**Plan of Correction** ***Accept [redacted] - 10/28/2025)***

*1. The ceiling vent in the 3000 hall near resident room 3118 was cleaned by maintenance on 10/27/2025.*
*2. An audit of ceiling vents was completed by the administrator on 10/16/2025 and all ceiling vents were cleaned by maintenance the week of 10/27/2025.*
*3. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the*

## 85a - Sanitary Conditions (continued)

*monthly staff meeting on 11/19/2025. This will include re-education to staff attending to report any issues with the cleanliness of vents in the building.*
*4. An audit of ceiling vents will be completed by the administrator or designee weekly times four weeks beginning 10/27/2025 then monthly times two months beginning December 2025 to ensure they kept clean.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 85b - Infestation

**3. Requirements**

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*On [redacted], there was evidence of a mouse infestation in the home. Multiple staff interviews indicated a mouse was caught in the SDCU common shower room on the morning of [redacted] and that mice are actively seen in the home. A resident interview indicated a mouse was present in the resident's bedroom on [redacted]. Mouse droppings were located in the corner of resident room [redacted] on [redacted]*

*Repeated Violation - [redacted], et al.*

**Plan of Correction** ***Accept ([redacted] - 10/28/2025)***

*1. New pest control services were started with Tomlinson Bomberger on 10/16/2025. The entire building was walked with the pest control professional and administrator to place all new trap/bait stations on the exterior and interior of the home. This included focus on any resident rooms or other areas where mice have been observed.*
*2. The previous pest control contract with Ehrlich is also still in effect for at least the next 60 days to ensure no lapse in service. Maintenance staff continue to place additional mouse traps in any areas where sightings are reported and check them daily for removal as needed. Sightings/reports have decreased since the new services with Tomlinson Bomberger have started.*
*3. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to report any issues with sightings of mice, other pests, or evidence of their presence in the home immediately to ensure treatment can be completed as quickly as possible.*
*4. An audit/walkthrough of the building will be completed by the housekeeping director or designee weekly for four weeks beginning 10/27/2025, then monthly for two months beginning December 2025 to monitor ongoing compliance with 2600.85b. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented ([redacted] 12/04/2025)***

## 88a Surfaces

**4. Requirements**

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On [redacted], several areas of the carpet on the 3000-hall were bunched up, creating multiple ridges to lift approximately 1-2 inches from the floor, posing a potential tripping hazard.*

**Plan of Correction** ***Accept [redacted] - 11/04/2025)***

*1. Administrator is obtaining a quote from Wecker's Flooring to replace the flooring in the 3000 hallway. Shawn from Wecker's will be coming out on 10/30/25 at 10:30am to measure the area.*
*2. An audit of all common area floors was completed by the administrator and community liaison on 10/16/2025 and any areas of concern have also been reported to Wecker's flooring for a quote to replace. The administrator placed signs cautioning residents to watch their step for safety purposes in the 3000 hallway on 11/3/2025.*
*3. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to report any safety concerns related to flooring immediately to ensure it can be fixed or replaced as quickly as possible.*
*4. An audit/walkthrough of the building will be completed by the housekeeping director or designee weekly for four weeks beginning 10/27/2025, then monthly for two months beginning December 2025 to monitor ongoing compliance with 2600.88a. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented ([redacted] - 12/04/2025)***

## 105g Lint Removal and Duct Cleaning

**5. 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], there was an approximate two-inch accumulation of lint in the lint traps of both the first floor and the third floor kitchenette dryers. There were no clothes in the dryers at the time.*

**Plan of Correction** ***Accept [redacted] 10/28/2025)***

*1. The lint was removed from the first floor and third floor kitchenette dryers on 10/9/2025 by the surveyor at the time of discovery.*
*2. No other dryers in the building were found to have lint present at the time of the walkthrough on 10/9/2025.*
*3. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure lint traps are checked and cleaned after each load for safety purposes. The administrator will also discuss the importance of cleaning out lint traps during the resident council meeting on 11/12/2025 as some residents use the kitchenette dryers.*
*4. An audit/walkthrough of kitchenette dryer lint traps will be completed by the housekeeping director or designee*

## 105g - Lint Removal and Duct Cleaning (continued)

*weekly for four weeks beginning 10/27/2025, then monthly for two months beginning December 2025 to monitor ongoing compliance with 2600.105g. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 183b - Meds and Syringes Locked

**6. Requirements**

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On [redacted] at 9:50 AM, a tube of [redacted], anti-itch cream and [redacted] were unlocked, unattended, and accessible in Resident [redacted] bedroom.*

*On [redacted] at 10:10 AM, medications including bottles of [redacted], and [redacted] were unlocked, unattended, and accessible in the wooden cabinets in the 2nd floor nursing station.*

*On [redacted] at 10:16 AM, a small, yellow, oblong-shaped pill with "152" inscribed was found unlocked, unattended, and accessible on the floor next to the 2000 hall medication cart.*

*Repeated Violation - [redacted] et al*

**Plan of Correction** ***Accept ([redacted] - 10/28/2025)***

*1. The Diclofenac Sodium, anti-itch cream and Cortisone cream were removed from resident [redacted]s room on 10/10/2025 by Director of Wellness & Resident Care Coordinator. On 10/9/2025 at time of survey, the bottles of Mucinex Daytime, Mucinex Night, and Hall's cough drops were taken by the administrator and secured in the Director of Wellness' office. The small, yellow, oblong-shaped pill with "152" inscribed was also discarded via drug buster at time of discovery on 10/9/2025 by administrator and Resident Care Coordinator.*
*2. No other items were identified during the 10/9/2025 survey as being left unlocked, unattended and accessible.*
*3. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.183b. The administrator will also discuss at the resident council meeting on 11/12/2025 the importance of residents reporting to nursing staff any medications that they bring into the home for self-administer orders to be obtained or for them to be secured in the medication cart. It will also be discussed that residents must keep these items secure when not present in room. The Director of Wellness and Resident Care Coordinator will provide re-education related to 2600.183b to nursing staff (including med techs) at their monthly meeting on 11/12/2025.*
*4. An audit of ten resident's rooms and all medication areas will be completed by the administrator or designee weekly for four weeks beginning 10/27/2025 and then monthly for two months beginning December 2025 to ensure compliance with 2600.183b. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented ([redacted] - 12/04/2025)***

## 183e Storing Medications

**7. 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**

*A used [redacted] prescribed for Resident [redacted], was not labeled with the date it was opened.*

*Repeated Violation - [redacted] et al*

**Plan of Correction** ***Accept ([redacted] - 10/28/2025)***

*1. Resident #4's insulin pen was labeled with the appropriate open date on 10/9/2025 after it was identified as not correctly labeled with an open date. Stickers were ordered on Amazon and delivered on 9/26/2025 to fit insulin pens ensuring staff is easily able to put an open date on any pen that does not come with an open sticker on delivery from pharmacy. Resident # 4 no longer resides at the facility and was discharged on 10/21/2025.*
*2. No other insulin pens were identified as not being labeled with an open date on 10/9/2025 at time of survey.*
*3. . Re-education will be provided to nursing staff (including med techs and PCAs) on 11/12/25 by Director of Wellness and Resident Care Coordinator. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.183e.*
*4. An audit of all medication carts will be conducted monthly by the Director of Wellness, Resident Care Coordinator or designee for three months beginning November 6, 2025. An audit of insulin pens for open dates will be completed by the administrator or designee weekly for four weeks beginning 10/30/2025 and then monthly for two months beginning December 2025. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 184a Resident's Meds Labeled

**8. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*The pharmacy label for resident [redacted] s [redacted] indicated take 1 tablet by mouth daily. The order for the medication indicated give 1 tablet orally one time a day for HTN HOLD FOR SBP <90 HR<60.*

*The [redacted] and [redacted] prescribed for resident [redacted] were not labeled with a pharmacy label.*

## 184a - Resident's Meds Labeled (continued)

*Repeated Violation - [redacted] et al., [redacted], et al.*

**Plan of Correction** ***Accept [redacted] - 11/04/2025)***

*1. A order change sticker was placed on the pharmacy label for resident [redacted] tablet. Instructions in PointClickCare were correct, read as ordered, and required staff to enter the blood pressure result for the resident before being able to administer the medication. Resident #4 no longer lives at the facility and was discharged on 10/21/2025.*
*2. No other medications or insulin pens were identified as not having a pharmacy label or label matching the prescriber's order exactly at the time of survey on 10/9/2025. An initial audit of all medication carts will be completed by the administrator to establish a baseline by 11/12/2025.*
*3. Re-education will be provided to nursing staff (including med techs and PCAs) on 11/12/25 by Director of Wellness and Resident Care Coordinator. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.184a.*
*4. An audit of all medication carts will be conducted monthly by the Director of Wellness, Resident Care Coordinator or designee for three months beginning November 26 , 2025. This includes matching the medications on hand with the prescriber's order to ensure everything matches or that an order change sticker is present on the supply of medication. An audit of insulin pens for pharmacy labels will be completed by the administrator or designee weekly for four weeks beginning 10/30/2025 and then monthly for two months beginning December 2025. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 185a - Implement Storage Procedures

**9. 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] was prescribed [redacted], take 2 tablets by mouth every 4 hrs as needed and [redacted] 4 tablets by mouth as needed for blood sugar <70MG/DL. On 10/9/25, the medications were not available in the home.*

*Resident [redacted] was prescribed blood sugar checks three times a day. On [redacted] at 7:44 AM, a blood glucose reading of [redacted] was in the resident's glucometer; however, the reading was not documented in the resident's Medication Administration Record.*

*Resident [redacted] was prescribed the following medications which were not available in the home on [redacted]*

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

185a - Implement Storage Procedures (continued)

- [redacted].

*Resident [redacted] was prescribed blood sugar checks four times daily with meals and at bedtime. On [redacted] at 7:00 AM, a blood glucose reading of [redacted] was in the resident's glucometer. However, Resident [redacted] October 2025 MAR had a documented blood glucose reading of [redacted] and another entry of [redacted].*

*Resident [redacted] was prescribed [redacted] PRN and [redacted] tab 1 tab by mouth every 6 hours as needed. On [redacted] the resident's [redacted] and [redacted] medication were not available in the home.*

*Repeated Violation - [redacted] et al., [redacted] et al.*

**Plan of Correction** ***Accept ([redacted] - 11/04/2025)***

*1. Resident [redacted] no longer lives at the facility and was discharged on [redacted]. Director of Wellness and Resident Care Coordinator informed the pharmacy and hospice on 10/9/2025 of need for [redacted], and [redacted] for Resident #[redacted] All diabetic residents who are ordered blood glucose checks have monthly diabetic audits scheduled that the Resident Care Coordinator or designee reviews. Any staff identified in those audits as having documented incorrectly are progressively re-educated and counseled. Resident #6 had been admitted to hospice on 10/6/2025 and prn oxygen and prn prochlorper. were on order to be delivered by hospice. Resident #6 no longer resides at the facility and passed while on end-of-life hospice services on 10/23/2025.*

*2. The Resident Care Coordinator completed audits on 15% of MARs weekly for four weeks beginning the week of 9/22/2025. Disciplinary action resulted for any concerns found and re-education provided to med techs involved.*

*3. Re-education will be provided to nursing staff (including med techs and PCAs) on 11/12/25 by Director of Wellness and Resident Care Coordinator. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.185a.*

*4. An initial audit of all medication carts will be completed by the administrator to establish a baseline by 11/12/2025. An audit of all medication carts will be conducted twice monthly by the Director of Wellness, Resident Care Coordinator or designee for three months beginning November 26, 2025. This includes matching the medications on hand with the prescriber's order to ensure there is a supply of medication on hand for every prescriber's order. Monthly glucometer audits are scheduled for each resident requiring glucose checks to be completed by the med tech. The Resident Care Coordinator audits these glucometer audits monthly. Any staff identified as having documented incorrectly are progressively re-educated and counseled. Audits of all glucometers will be audited weekly times eight weeks beginning 11/7/2025 by the administrator or designee and then monthly for two months beginning January 2026. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented ([redacted] - 12/04/2025)***

187b - Date/Time of Medication Admin.

**10. Requirements**

2600.

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

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] was prescribed TEDS compression stockings - apply once daily in the morning, remove at bedtime. On [redacted] staff documented in Resident [redacted] October 2025 Medication Administration Record (MAR) that the TEDS compression stockings were applied in the morning. However, Resident [redacted] TEDS compression stockings were not applied in the morning or afternoon on [redacted] as confirmed by the resident.*

*Resident [redacted] was prescribed [redacted], take 1 tablet by mouth every 6 hours. The resident's October 2025 MAR included Staff Member A's initials for the medication having been administered on [redacted] at 12:00 PM. However, Staff Member A confirmed this medication was not available in the home and was not administered.*

*Repeated Violation - [redacted] et al.,*

**Plan of Correction** ***Accept ([redacted] - 11/04/2025)***

*1. Staff member A was counseled by the Director of Wellness and Resident Care Coordinator and is no longer passing medications at the facility as of 10/21/2025 due to continued administration and documentation concerns after progressive re-education and counseling.*
*2. The Resident Care Coordinator completed audits on 15% of MARs weekly for four weeks beginning the week of 9/22/2025. Disciplinary action resulted for any concerns found and re-education provided to med techs involved.*
*3. Re-education will be provided to nursing staff (including med techs and PCAs) on 11/12/25 by Director of Wellness and Resident Care Coordinator. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.187b.*
*4. The Resident Care Coordinator will audit 15% of MARs weekly for four weeks beginning 10/27/2025 and then monthly for two months beginning December 2025. Progressive discipline and/or re-education will result for any issues found during this time. The Director of Wellness or Resident Care Coordinator will randomly interview 5 residents weekly for four weeks beginning 10/30/2025 and then 5 residents monthly for two months beginning December 2025 in attempts to see if any medications or treatments may have been documented as given that have not been done. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***

## 187d - Follow Prescriber's Orders

**11. Requirements**

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

**Description of Violation**

*Resident [redacted] was prescribed TEDS compression stockings - apply once daily in the morning, remove at bedtime. On [redacted] Resident [redacted] was not wearing [redacted] stockings and confirmed [redacted] stockings had not been applied.*

*Resident [redacted] was prescribed [redacted], 1 tablet by mouth every 6 hours. This medication was not administered to the resident as prescribed on [redacted] at 12:00 PM as the medication not available in the home.*

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

*Resident [redacted] was prescribed [redacted] take 1 tablet by mouth once daily. Resident [redacted] was not administered this medication as prescribed on [redacted] at 7:00 AM as the medication was not available in the home.*

*Resident [redacted] was prescribed [redacted] by mouth twice daily. Resident [redacted] was not administered this medication on [redacted] at 8:00 PM as the medication was not available in the home.*

*Resident [redacted] was prescribed [redacted], give 1 tablet orally two times a day for [redacted] This medication is scheduled to be administered at 7:00 AM and 7:00 PM. On [redacted] Resident [redacted] received this medication at 6:30 AM and again at 8:00 AM.*

*Repeated Violation - [redacted] et al, [redacted] et al*

**Plan of Correction** ***Accept [redacted] - 11/04/2025)***

*1. Staff member A was counseled by the Director of Wellness and Resident Care Coordinator and is no longer passing medications at the facility as of 10/21/2025 due to continued administration and documentation concerns after progressive re-education and counseling. Resident #4 no longer resides at the facility and was discharged on 10/21/2025. Resident #6 no longer resides at the facility and passed while on end-of-life hospice services on 10/23/2025. Resident #7, their prescriber and responsible party were notified of the medication error, duplicate dose, on 9/24/25. Resident #7 had no ill effects noted. The staff member who administered the medication is no longer works at the facility with a last day worked of 9/24/2025.*
*2. The Resident Care Coordinator completed audits on 15% of MARs weekly for four weeks beginning the week of 9/22/2025. Disciplinary action resulted for any concerns found and re-education provided to med techs involved.*
*3. Re-education will be provided to nursing staff (including med techs and PCAs) on 11/12/25 by Director of Wellness and Resident Care Coordinator. The administrator will review all violations identified during the 10/9/2025 survey with staff attending the monthly staff meeting on 11/19/2025. This will include re-education to staff attending to ensure compliance with 2600.187d.*
*4. The Resident Care Coordinator will audit 15% of MARs weekly for four weeks beginning 10/27/2025 and then monthly for two months beginning December 2025. Progressive discipline and/or re-education will result for any issues found during this time. The Director of Wellness or Resident Care Coordinator will randomly interview 5 residents weekly for four weeks beginning 10/30/2025 and then 5 residents monthly for two months beginning December 2025 in attempts to see if any medications or treatments may have been documented as given that have not been done. The results of these audits will be kept by the administrator and used during Quality Assurance/Improvement meetings for review and recommendations.*

**Licensee's Proposed Overall Completion Date:** *11/19/2025*

***Implemented [redacted] - 12/04/2025)***