

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

January 14, 2026

[REDACTED]
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: THE MANSION AT ROSEMONT
404 CHESWICK PLACE
ROSEMONT, PA, 19010
LICENSE/COC#: 17663

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2025, 11/06/2025 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 MANSION AT ROSEMONT **License #:** 17663 **License Expiration:** 06/07/2026

Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010

County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/23/2023 **Issued By:** Radnor Township

Type: Other **Date:** 10/12/2007 **Issued By:** Radnor Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 97 **Waking Staff:** 73

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 11/06/2025

Inspection Dates and Department Representative

11/05/2025 - On-Site: [REDACTED]

11/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 221 **Residents Served:** 73

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Support **Capacity:** 18 **Residents Served:** 16

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 73

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

11/05/2025 Full

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

Inspections / Reviews *(continued)*

01/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/13/2026

01/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

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

Description of Violation

On Sunday [REDACTED], from 3:00 PM to 5:00 PM, 73 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR. In addition, on [REDACTED], from 5:00 PM to 11:00 PM, only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [REDACTED] - 01/06/2026

CPR/First Aid classes held on 11/24/25, for nursing team members who did not have active certification. (see attached).

To help maintain compliance on 12/1/25, our Social Services Manager completed the CPR Trainer Instructor course certification (see attached). CPR/First Aid class scheduled quarterly in 2026

Scheduling coordinator or designee, starting 1/1/26, will audit nursing schedule daily to ensure compliance for the next 6 months or longer if compliance is not maintained.

Compliance with current certifications to be tracked with HR and reviewed at QA monthly starting 1/2026 for the next six months or longer if compliance is not maintained.

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

Implemented [REDACTED] - 01/14/2026

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 6.12 hours of annual training in training year 2024.

Direct care staff person B received only 2.82 hours of annual training in training year 2024.

Direct care staff person C received only 7.31 hours of annual training in training year 2024.

Plan of Correction

Accept [REDACTED] - 01/06/2026

Staff Person A have completed the Diabetic training for 8/2025 (see attached) Staff person B has completed annual training on 11/25/2025 (see attached).

Staff Person C has completed annual training on 12/9/20259 (see attached)

Regulation 65e. Training topics for annual training for direct care staff were reviewed with the HR manager to ensure compliance moving forward.

Monthly audits of new completed training and record attendees to be completed by the HR manager for the next 6 months or longer if compliance is not maintained and reviewed at QA monthly for 2026.

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

65e 12 Hours Annual Training (continued)

Implemented [REDACTED] - 01/14/2026)

65f Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of [REDACTED] and [REDACTED], personal care service needs of the resident, and safe management techniques, during the 2024 training year.

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of [REDACTED], [REDACTED] and [REDACTED] personal care service needs of the resident, and safe management techniques, during the 2024 training year.

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of [REDACTED] and [REDACTED], and safe management techniques during the 2024 training year.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] - 01/06/2026)

Staff Person A and B have completed annual training on 11/25/2025 (see attached).

Staff Person C has completed annual training on 12/9/20259 (see attached)

Requaltion 65f. Training topics for annual training for direct care staff were reviewed with the HR manager to ensure compliance moving forward.

Monthly audits of new completed training and record attendees to be completed by the HR manager for the next 6 months or longer if compliance is not maintained and reviewed at QA monthly for 2026.

65f - Training Topics (continued)

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

Implemented [redacted] 01/14/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention during the 2024 training year.

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during the 2024 training year.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during the 2024 training year.

Repeat Violation: [redacted] et. al.

Plan of Correction

Accept [redacted] - 01/06/2026)

Staff Person A received training in resident rights, OAPSA, falls, and accident prevention on 11/25/25 (see attached).

Staff Person B received emergency preparedness training: resident rights, and OAPSA 12/9/2025.

Staff C received fire safety training from a fire safety expert, emergency preparedness, resident rights, and OAPSA on 11/25/2025(see attached)

Monthly audits of new completed training and record attendees to be completed by the HR manager for the next 6 months or longer if compliance is not maintained and reviewed at QA monthly for 2026.

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

Implemented [redacted] 01/14/2026)

82c - Locking Poisonous Materials

5. Requirements

82c - Locking Poisonous Materials (continued)

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

The following items were found in an unlocked, unattended housekeeping cart by resident room number [redacted] in the Secured Dementia Care Unit (SDCU) and was accessible to residents of the SDCU;

- Spic and Span Disinfecting All Purpose Spray and Glass Cleaner, with a manufacture's label indicating "Call Poison Controls Center or doctor for treatment advice".
- A bottle of Comet Disinfecting - Sanitizing Bathroom Cleaner with "Keep out of reach of children" on the front label but missing the warning label. An internet search indicates the warning label reads "If Swallowed, drink 1-2 glasses of water and call a doctor or Poison Control Center".

Not all the residents of the home, including the SDCU residents, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/06/2026)

The Building and Grounds director notified housekeeping staff of the violations and provided training to educate them on the importance of securing poisonous materials (see attached). Starting 1/2/26, the Memory support manager or designee will conduct weekly audits of housekeeping carts to ensure compliance while cleaning in the Memory support neighborhood for the next three months or longer if compliance is not maintained. The Memory Support manager will report to QA monthly.

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

Implemented [redacted] - 01/14/2026)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at 9:51 AM, no towels, or any method of hand drying, were available in the SDCU common bathroom.

Plan of Correction

Accept [redacted] - 01/07/2026)

A Paper towel dispenser was installed on 11/8/25.(See attached.)Starting 1/2/2026, the Memory Support manager or designee will complete daily audits to ensure paper towels are available in the bathroom. Audits will continue for 3 months or longer if compliance is not maintained. The Memory Support manager will report to the monthly QA (attached audit sheet)

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

Implemented [redacted] - 01/14/2026)

88a - Surfaces

7. 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], the 2nd floor medication room was being renovated and medications were being administered in the 2nd floor personal care station. At 10:19 AM on this date, several ceiling tiles had been removed leaving wires hanging down through the drop ceiling, some dry wall was removed and was leaning against the wall in the hallway leading to the temporary medication room. This items are considered a hazard.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

On 11/6/25, maintenance staff placed a sign in the construction area (see attached). Maintenance staff were in-service by the building and grounds director to ensure a caution sign was displayed in front of the working area for safety. Building and Grounds or Disgnee will conduct weekly community rounds on construction areas to ensure signage is posted for 3 months or longer if compliance is not maintained. Building and grounds will report to QA monthly.

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

Implemented [REDACTED] 01/14/2026)

103f - Refrigerator/Freezer Temps

8. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the 1st floor pantry.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept ([REDACTED] - 01/07/2026)

On 11/6/25, the thermometer was placed in the freezer on the day of inspection (see attached). On 12/9/25, the Dining Services manager provided in-service training to memory support dining staff on the placement of the freezer thermometer. Initial audits were conducted (see attached). Starting 1/2/26, the Dining Services Manager will conduct weekly audits for the next 3 months or longer if compliance is not maintained. The dining services manager will report to QA monthly

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

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

141a 1-10 Medical Evaluation Information

9. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 a determination indicating the resident's needs could be met safely at the Personal Care Home.

- Resident [redacted] medical evaluation, dated [redacted], did not include advanced directives and the resident's health status.

Plan of Correction

Accept [redacted] - 01/07/2026)

The Personal Care manager spoke to the resident's PCP to address missing information from DME. Resident [redacted]'s medical evaluation was updated to reflect the determination that the resident's needs can be met in personal care. Resident [redacted] was discharged from the community on 11/28 for a higher level of care. The personal care manager conducted an audit on the remaining Personal care DMEs to ensure compliance; any discrepancies will be addressed as needed. Starting 1/2/2025, the Personal Care manager or designee will audit new DMEs for compliance monthly for the next six months, or longer if compliance is not maintained. Will report to the monthly QA

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

Implemented [redacted] 01/14/2026)

181f - Record of Medication

10. 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 medication.

Description of Violation

On [redacted], resident [redacted]'s record did not include a current list of medications. The list in the resident's record included the following inactive medications;

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

Plan of Correction

Accept [redacted] 01/07/2026)

Resident self-administers own medication. The Personal Care Manager educated the resident to inform the nursing

181f Record of Medication (continued)

team when receiving new orders from the PCP so the nursing team can update the medication record. Personal care manager completed a medication review and medication assessment order to reflect what is on hand updated medication list received. Starting 1/2/26, the Personal Care Manager will complete a medication assessment and medication review quarterly for the next 4 quarters for residents who self administer medications. Will report to QA monthly.

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

Implemented [REDACTED] - 01/14/2026)

182b - Prescription Medication

11. Requirements

2600.

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

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

Description of Violation

On [REDACTED] between 8:30 AM and 9:00 AM staff person B administered the following medications: [REDACTED] and [REDACTED] to resident [REDACTED].

Staff person D administered the following medications: on [REDACTED] at 8:30 PM [REDACTED] and on [REDACTED] at 9:30 AM [REDACTED] to resident [REDACTED].

Staff persons B and D are not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home, a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home, a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Staff Person B Med tech packet has been reviewed by an approved med tech trainer, two additional med tech observations completed, along with an additional MAR review.

Staff Peron D has been removed from the schedule as a Med Tech until the Med Tech course is retaken from an approved Med Tech trainer/Personal Care Administrator.

Med tech trainer will provide ongoing medication observations and training on the administration of oral, topical, eye, nose, and ear drops: insulin injections and epinephrine injections for insect bites or other allergies. Will report monthly to QA med tech observation. MAR and training for QA

182b Prescription Medication (continued)

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

Implemented () - 01/14/2026)

183e - Storing Medications

12. 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 (), at 12:58 PM, a loose pill was found in the 2nd level medication cart. The pill could not be identified.

Plan of Correction

Accept () - 01/07/2026)

On the day of inspection, the loose pill was removed from the cart. 12/15/25 12/19/25 Personal Care Manager will conduct training for staff on violations and the importance of maintaining a clean, organized med cart. Starting the week of 12/15/25, the Personal Care manager or designee will inspect carts weekly to address any issues for the next three months or longer if compliance is not maintained. Personal care manager to report to QA monthly.

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

Implemented () 01/14/2026)

185a - Implement Storage Procedures

13. 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 () is prescribed () Give 2 tablet by mouth every 4 hours as needed for elevated temperature for temp greater than 100.4 or for pain or fever above 100 degrees related to pain. On () this medication was not available in the home.

Plan of Correction

Accept () - 01/07/2026)

Resident () medication is on hand. 11/18/25 Pharmacy provider conducted and completed full medication cart audits, and all discrepancies were addressed. Personal Care manager to provide in services starting 12/15/25 12/19/25 regarding medication availability. 12/15/25 Personal Care manager or designee will conduct weekly cart audits for the next 6 months or longer if compliance is not maintained. The personal manager will report monthly to QA

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

Implemented () 01/14/2026)

227d - Support Plan Medical/Dental

15. Requirements

2600.

227d Support Plan Medical/Dental (*continued*)

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

The assessment for resident [REDACTED], dated [REDACTED], indicates the resident uses a bed transfer handle with cover independently. The resident is not currently using a bedside mobility device.

The assessment for resident [REDACTED] dated [REDACTED] indicates A (Independent) under the Personal Care Needs and Degree column for Transferring in/out of bed/chair and under Turning and positioning in bed/chair; however, resident [REDACTED] uses a bedside mobility device. The Resident Support Plan does not indicate the following:

- The specific need for the device,
- The intended Use,
- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Resident [REDACTED] has been discharged to a higher level of care as of 11/28/25.

Resident [REDACTED] RASP has been updated to reflect the need for mobility bedside devices. Physical Therapy has assessed and documented(see attached)

Physical therapy will re evaluate the resident annually regarding the safety of the bedside mobility device. Moving forward, residents with bedside mobility devices will be assessed by PT and documented accordingly, along with education on the device.

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

Implemented [REDACTED] - 01/14/2026)

231c - Preadmission Screening

16. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening does not indicate that the needs of the applicant require secured care due to [REDACTED] or other [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/07/2026)

A determination shall be made within 72 hours before admission to determine that the needs of the resident require secure care due to Alzheimer's Disease or other Dementia. The memory support manager has audited the remaining residents' DME on the memory support pre admission screening form; no other discrepancies are noted. Starting 1/2/26, the memory support manager or designee will audit new move in pre screen monthly for the next three

231c - Preadmission Screening (continued)

months or longer if not in compliance. The memory support manager will report to QA monthly

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

Implemented [REDACTED] 01/14/2026)

236 - Staff Training

17. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

- Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 0.50 hours of training in dementia care during the 2024 training year.

- Direct care staff persons B and C, who work in the SDCU did not have any training in dementia care hours during the 2024 training year.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Direct care staff Persons A and C have completed Dementia training for 2025 (see attached). Resident B will be scheduled for dementia training by the end of the year.

Monthly audits of new completed training and record attendees to be completed by the HR manager for the next 6 months or longer if compliance is not maintained and reviewed at QA monthly for 2026.

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

Implemented [REDACTED] - 01/14/2026)

251c - Standardized Forms

18. Requirements

2600.

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

Description of Violation

Resident [REDACTED] Documentation of Medical Evaluation (DME), dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

The Personal Care manager has contacted the Physician's office to complete the required standardized DME. The Personal Care Manager has reviewed the remaining resident DME for the standard form and found no other concerns. Starting 12/15/26, the personal care manager will conduct a monthly audit to ensure compliance for the next three months, or longer if compliance is not maintained. The Personal Care Manager will report to QA monthly.

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

Implemented [REDACTED] - 01/14/2026)