

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

January 22, 2026

[REDACTED]
ARDEN COURTS OF YARDLEY PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (YARDLEY)
493 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 12997

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2025, 11/18/2025 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: ARDEN COURTS (YARDLEY) **License #:** 12997 **License Expiration:** 04/30/2026
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARDEN COURTS OF YARDLEY PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/24/1995 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 11/18/2025

Inspection Dates and Department Representative

11/17/2025 - On-Site: [REDACTED]
 11/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 44

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 66 **Residents Served:** 44

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 44 **Have Physical Disability:** 0

Inspections / Reviews

11/17/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/19/2025

01/07/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/20/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/20/2026

Inspections / Reviews *(continued)*

01/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at 4:41 am, the fire department responded to a fire alarm in the Cloverdale neighborhood of the home. The home did not report this incident to the Department.

Plan of Correction

Accepted [REDACTED] - 01/07/2026)

1. On 12/16/25 the Administrator submitted the incident from 9/1/25 to DHS.
2. On 12/19/25 the Administrator audited all incident logs from the past 90 days to ensure all fire department response reportable incidents were submitted.
3. By 12/19/25 the Administrator /Designee will educate the Building Services Coordinator on 2600.16c – Written Incident Report.
4. Beginning on 12/22/25 the Administrator /Designee will audit fire department response reportable incidents to ensure fire drills are reported within the required time frame weekly for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home did not have resident council minutes from [REDACTED] through [REDACTED].

Plan of Correction

Accepted [REDACTED] - 01/07/2026)

1. The Home did not have resident council minutes from 8/2025 to 10/2025.
2. On 11/24/25 the Administrator conducted resident council meeting.
3. By 12/19/25 Administrator /Designee will educate the Department Head Team on 2600.26b – Quality Management Plan Content.
4. Beginning on 11/24/25, the Administrator /Designee will audit to ensure resident council meeting is held

26b Quality Management Plan Content (continued)

monthly 1 time a month for 3 months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

42s - Privacy**3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Resident [REDACTED] has a SafelyYou electronic monitoring system that is to support fall detection and fall management. SafelyYou utilizes artificial intelligence software and video monitoring hardware. The system records a video when an individual on the ground is detected by the SafelyYou artificial intelligence video analysis system and sends alerts to the home. The home does not have a signed consent for the electronic monitoring system by the resident or the resident's responsible party.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/18/25 the Administrator disabled the Safely You electronic monitoring system for Resident [REDACTED]
2. On 11/19/25 the Administrator /Designee reviewed Safely consents forms and ensured that the Safely You electronic monitoring system was turned off for residents who did not provide consent form.
3. By 12/16/25 the Administrator /Designee will educate the Resident Services Coordinator on 2600.42s Privacy
4. Beginning on 11/19/25, the Resident Services Coordinator/Designee will audit Safely You consent forms to ensure only residents who have consented have the Safely You electronic monitoring system activated. The audit frequency will be 1 time a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

65f - Training Topics**4. 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.

65f - Training Topics (continued)

- 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 persons A and B did not receive training in medication self-administration during training year 2024.

Repeat Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 01/07/2026)

- 1. By 12/23/25 the Resident Services Coordinator trained Staff A and B on medication self-administration training.
- 2. On 12/18/25 the Administrator /Designee reviewed the current employee roster to ensure staff who are required medication self-administration training received the education by 1/7/25.
- 3. By 12/16/25 the Administrator /Designee will educate the Resident Services Coordinator on 2600.65f – Annual Training Topics
- 4. Beginning on 12/18/25, the Administrator /Designee will audit annual Training Topics to ensure training is completed weekly for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

65g - Annual Training Content

5. 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 B did not receive training in resident rights during training year 2024.

Repeat Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 01/07/2026)

- 1. By 12/23/25 the Administrator trained Staff B on resident rights.

65g - Annual Training Content (continued)

2. On 12/18/25 the Administrator /Designee reviewed the current staff roster to ensure staff are trained on resident rights by 1/7/25.

3. By 12/16/25 the Administrator /Designee will educate the Resident Services Coordinator on 2600.65g – Annual Training Content.

4. Beginning on 12/18/25, the Administrator /Designee will audit annual Training Topics to ensure training is completed weekly for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

82c - Locking Poisonous Materials**6. 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

Crest toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible in resident [REDACTED] bathroom personal items container. Not all the residents of the residence, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Efferdent anti-bacterial dental appliance cleanser, manufacturer's label indicating "this product contains persulfates, which may cause allergic reactions. In case of accidental ingestion, contact a poison control center", was unlocked, unattended, and accessible in resident [REDACTED] bathroom personal items container. Not all the residents of the residence, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

Medline roll on anti-preparative, with a manufacturer's label indicating "if accidentally swallowed get medical help or contact a poison control center right away" was unlocked, unattended, and accessible in resident [REDACTED]'s bathroom personal items container. Not all the residents of the residence, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Colgate toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible in resident [REDACTED] bathroom personal items container. Not all the residents of the residence, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 01/07/2026)

1. On 11/17/25 Resident [REDACTED] & resident [REDACTED]'s poisonous materials were immediately locked by the Administrator.

2. On 11/17/25 the Administrator completed environmental round audit of the community to check for any

82c - Locking Poisonous Materials (continued)

poisonous materials left unlocked, unattended or accessible to ensure safe keeping.

3. *By 1/7/25 the Resident Services Coordinator /designee will educate nursing and housekeeping staff on regulation 82c – locking poisonous materials.*

4. *Beginning on 11/17/25, the Resident Services Coordinator / Designee to complete community rounds five times a week for 8 weeks then monthly for two months to ensure environmental safety and that no poisonous material is accessible within the home. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 1/8/25.*

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

85a - Sanitary Conditions**7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 11:45 am, there was blood stains on resident [REDACTED] bedding.

Plan of Correction

Accept ([REDACTED] 01/07/2026)

1. *On 11/17/25 the Maintenance Director changed resident [REDACTED] bedding immediately.*

2. *On 11/17/25 the Resident Services Coordinator /Designee checked residents' bedding to ensure they were in sanitary conditions.*

3. *By 1/7/25 the Resident Services Coordinator/Designee will educate the nursing and housekeeping staff on regulation 2600.85a – Sanitary Conditions.*

4. *Beginning on 12/1/25, the Resident Services Coordinator /Designee will audit 5 resident rooms 5 times a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.*

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] 01/22/2026)

85e - Trash Outside Home**8. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at approximately 10:07 am, there was three bags filled with trash outside of the dumpster.

85e - Trash Outside Home (continued)

Plan of Correction

Accept (█ - 01/07/2026)

1. On 11/17/25 the Maintenance Director disposed of the three trash bags outside of the dumpster area.
2. On 11/17/25 the Maintenance Director /Designee checked the exterior of the Home to ensure that trash was stored in covered receptacles.
3. By 12/19/25 the Administrator /Designee will educate the Maintenance Director and Housekeeping staff on regulation 2600.85e – Trash Outside Home.
4. Beginning on 12/1/25, the Maintenance Director /Designee will walk the parking lot to ensure that trash is stored in covered receptacles 5 times a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented (█ - 01/22/2026)

91 - Telephone Numbers

9. 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

On █ there are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the Cloverdale neighborhood and Dockside neighborhood.

Plan of Correction

Accept (█ - 01/07/2026)

1. On 11/17/25 the Maintenance Director placed the emergency telephone numbers to include the local nearest hospital and the fire department by the telephone in the Cloverdale neighborhood and Dockside neighborhood.
2. On 11/17/25 the Maintenance Director /Designee checked the community phones to ensure that the emergency telephone numbers of the local nearest hospital and the fire department by the telephone were located by the telephone.
3. By 12/19/25 the Administrator /Designee will educate the Maintenance Director on regulation 2600.91 – Emergency Telephone Numbers.
4. Beginning on 12/1/25, the Maintenance Director /Designee will check the community phones to ensure that the emergency telephone numbers of the local nearest hospital and the fire department by the telephone are located by the telephone 1 time a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented (█ - 01/22/2026)

103c - Food Protected

10. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED], at 9:28 am, there was one uncovered plate of food that contained chicken, mixed vegetables, and dinner roll stored in the oven in the Cloverdale's kitchenette.

On [REDACTED] at 9:34 am, there was two uncovered plates of food that contained ravioli, mixed vegetables, and dinner roll and one plate that contained shepherd's pie and a dinner roll and three bananas stored in the oven in the Berry Ridge's kitchenette.

On [REDACTED] at 9:35 am, there was one uncovered plate of eggs, breakfast sausages, and a sliced banana stored in the microwave in Berry Ridge's kitchenette.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/17/25 the caregiver removed the uncovered plates of food from the Cloverdale and Berry Ridge units.
2. On 11/17/25 the Administrative Services Coordinator /Designee checked the community kitchenettes to ensure that food was being protected /covered.
3. By 1/7/25 the Resident Services Coordinator/Designee will educate the nursing staff on regulation 2600.103c – Food Protected.
4. Beginning on 12/1/25, the Resident Services Coordinator /Designee will check the community kitchenettes to ensure that food is being protected /covered 5 times a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

103f - Refrigerator/Freezer Temps

11. 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

On [REDACTED], there was no thermometer in the refrigerator in the Cloverdale's kitchenette.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/17/25 the Food Service Director placed a thermometer in the Cloverdale kitchenette refrigerator.
2. On 11/17/25 the Food Service Director /Designee checked the community refrigerators and freezers to ensure they all had thermometers.
3. By 12/19/25 the Administrator /Designee will educate the Food Service Director on regulation 2600.103f –

103f Refrigerator/Freezer Temps (continued)

Refrigerator/Freezer Temps.

4. Beginning on 12/1/25, the Food Service Director /Designee will check the refrigerators and freezers to ensure they all have thermometers 1 time a week for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented (█ - 01/22/2026)

107a - Emergency Preparedness**12. Requirements**

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person C, the administrator does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction

Accept (█ - 01/07/2026)

1. On 11/20/25 the Administrator obtained a copy of the local municipality emergency preparedness plan.

2. On 11/20/25 the Administrator placed a copy of the local municipality emergency preparedness plan in the Maintenance Director's copy of the emergency preparedness binder.

3. By 12/19/25 the Administrator /Designee will educate the Maintenance Director on regulation 2600.107a Emergency Preparedness.

4. Beginning on 12/1/25, the Maintenance Director /Designee will check the Emergency Preparedness binders to ensure a copy of the local municipality emergency preparedness plan is available 1 time a week for 1 month. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented (█ - 01/22/2026)

132d - Evacuation**13. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on (█) at 2:17 pm, the home evacuated in 13 minutes. The home exceeding the safe evacuation time of 12 minutes.

132d Evacuation (continued)**Plan of Correction**

Accept [REDACTED] - 01/07/2026)

1. The community is unable to correct the exceeded evacuation time for the fire drill that occurred on 4/21/25.
2. On 11/18/25 the Administrator reviewed 12 months of fire drills to ensure they did not exceed the evacuation time of 12 minutes.
3. By 1/7/25 the Maintenance Director/Designee will educate the staff on regulation 2600.132d Evacuation.
4. Beginning on 12/1/25, the Maintenance Director /Designee will review fire drills to ensure they do not exceed the evacuation time of 12 minutes 1 time a month for 3 months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

162c - Menus Posted**14. 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

The home's menu for the week of [REDACTED], through [REDACTED], was posted. However, the current week was not posted in Cloverdale.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/17/25 the Food Service Director posted the home's menu for the week of November 9, 2025 through November 15, 2025 in the Cloverdale unit.
2. On 11/17/25 the Food Service Director checked all units to ensure that the current week's menu was posted on the unit.
3. By 12/19/25 the Administrator /Designee will educate the Food Service Director and dietary staff on regulation 2600.162c Menus Posted.
4. Beginning on 12/1/25, the Food Service Director /Designee will check the units to ensure that the current week and following week's menu is posted 5 times a week for month for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

182b - Prescription Medication

15. Requirements

2600.

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

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

Description of Violation

Staff person B administered medications to residents. Staff person B is not a staff person who has completed the medication administration training.

Staff person B administered medications to resident [REDACTED] to include the following:

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

Staff person B administered medications to resident [REDACTED] to include the following:

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

Staff person B administered medications to resident [REDACTED] to include the following:

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

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/17/25 staff person B was removed from administering medications.
2. On 11/18/25 the Administrator reviewed medication technician certifications to ensure they were up to date. Any medication technician who was not up to date was removed from the schedule. On 11/25/25 medication technicians who needed to renew/obtain the medication technician training obtained their certification.
3. By 12/1/25 the Administrator /Designee will educate the Resident Services Coordinator on regulation 2600.182b – Medication Administration.
4. Beginning on 12/1/25, the Resident Services Coordinator /Designee will review medication technician’s medication administration training to ensure they are up to date 1 time a week for month for 1 month then monthly for two months.. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

182b - Prescription Medication (continued)

183e - Storing Medications

16. 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 blister pack for resident [REDACTED] had a tear on number [REDACTED] and the medication was still in the package.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/18/25 the Resident Services Coordinator destroyed the blister pack for resident [REDACTED]'s [REDACTED] on number 8.
2. On 11/18/25 the Resident Services Coordinator / Designee audited residents' blister packs to ensure they did not have a tear.
3. By 12/1/25 the Administrator /Designee will educate the Resident Services Coordinator on regulation 2600.183e – Storing Medications.
4. Beginning on 12/1/25, the Resident Services Coordinator /Designee will review residents' blister packs to ensure they do not have a tear and if they do to destroy the medication 5 times a week for month for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

187b - Date/Time of Medication Admin.

17. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet once daily. Resident [REDACTED]'s medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 9:00 am.

Resident [REDACTED] is prescribed [REDACTED] tablet at bedtime. Resident [REDACTED]'s medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 9:00 pm.

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

Resident [REDACTED] is prescribed [REDACTED] tablet. Resident # [REDACTED] medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 8:00 am.

Resident [REDACTED] is prescribed [REDACTED] tablet. Resident [REDACTED]'s medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED] tablet. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED] tablet. Resident [REDACTED]'s medication administration record does not include the initials of the staff person who administered this medication on [REDACTED], at 8:00 pm.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. Resident [REDACTED] Resident [REDACTED] and Resident [REDACTED]'s medication administration records are unable to be corrected. Immediate action was taken on 11/18/2025 by the ED to educate the Resident Services Coordinator (RSC).

2. By 12/29/25 the Resident Services Coordinator/Designee will educate the LPNs and Medication Technicians on 2600.187b – Date/Time of Medication Admin.

3. Beginning on 12/19/25, the Resident Services Coordinator /Designee will perform weekly audits of the MAR, for four weeks to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 01/22/2026)

233c - Key-Locking Devices

18. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On [REDACTED] at 9:46 am, the directions for operating the home's locking mechanism are not conspicuously posted near the exit door to the courtyard from the home's dockside neighborhood.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/07/2026)

1. On 11/17/25 the Maintenance Director posted the directions for the home's locking mechanism near the exit door to the courtyard from the home's dockside neighborhood.

233c - Key-Locking Devices (continued)

2. On 11/17/25 the Maintenance Director posted / Designee audited the home's exit doors to ensure the directions are posted for the home's locking mechanism near the exit door.

3. By 12/19/25 the Administrator /Designee will educate the Maintenance Director on regulation 2600.233c – Key-Locking Devices.

4. Beginning on 12/1/25, Maintenance Director /Designee will audit the home's exit doors to ensure the directions are posted for the home's locking mechanism near the exit door 5 times a week for month for 1 month then monthly for two months. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 1/8/25

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] 01/22/2026)