



Pennsylvania
Department of Human Services

February 5, 2025

[REDACTED]
DIVINE LIVING HOME LLC
3828 COLUMBIA AVENUE
MOUNTVILLE, PA, 17554

RE: DIVINE LIVING HOME
3828 COMLUMBIA AVENUE
MOUNTVILLE, PA, 17554
LICENSE/COC#: 33824

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 18, 2025 of the above facility, we have determined that your submitted plan of correction not implemented.

Sincerely,

[REDACTED]

Enclosure
<Licensing Inspection Summary>

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

Facility Information

Name: *DIVINE LIVING HOME* License #: 33824 License Expiration: 09/08/2025
Address: 3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554
County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: *DIVINE LIVING HOME LLC*
Address: 3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 07/07/1983 Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: 11/19/2025

Inspection Dates and Department Representative

11/18/2025 - On-Site: [REDACTED]
11/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 39 Residents Served: 32

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 4
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/18/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2025*

01/07/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2026*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2026*

01/14/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/02/2026*

02/05/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2026*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/12/25, Resident #1 was pulled to the ground by Resident #2 after engaging in a verbal altercation. The Act 13 Mandatory Abuse Reporting form was not completed and submitted to AAA until 10/15/25.

Plan of Correction

Accept (████) - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2025 by the Administrator to On October 27, 2025 a training was held on the Act 13 Mandatory Abuse Reporting for all staff.

To enhance the currently compliant operations, on 10/27/2025 the Administrator will report any abuse of a resident immediately or within the required mandatory reporting timeframe, with a completion date of 12/31/2025.

Effective 10/27/2025 the direct care staff will begin document any incident during their shift using the "community log" in tabula pro EHS system which administrator will check daily until 1/31/2025 to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/01/2026

Not Implemented (████) - 02/05/2026)

16c - Written Incident Report

2. 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 10/12/25, Resident #1 was pulled to the ground by Resident #2 following a verbal altercation. This incident was not reported to the Department until 10/14/25.

Plan of Correction

Accept (████) - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2025 by the Administrator will train all staff on the reporting of abuse involving any resident.

to enhance the currently compliant operations, on 10/27/2025 the staff will Immediately report any suspected or confirmed abuse of any residents, with a completion date of 12/31/2025.

16c - Written Incident Report (continued)

Effective 10/27/2025 the direct care staff will begin document any incident during their shift using the "community log" in tabula pro EHS system which administrator will check daily until 1/31/2025 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Licensee's Proposed Overall Completion Date: 02/01/2026

Not Implemented [REDACTED] - 02/05/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/12/25, Resident #2 pulled Resident #1 to the ground following a verbal altercation. Resident #1 was experiencing pain, holding [REDACTED] left arm, and requesting pain medication on 10/14/25 and 10/15/25 which were not administered. On 10/17/25, Resident #1 was evaluated at Lancaster General Hospital Emergency Department and diagnosed with a closed fracture of the proximal end of the left humerus and ordered Hydrocodone-Acetaminophen. As of 11/19/25, the home was not aware of the ordered medication and had not received the Hydrocodone-Acetaminophen medication to be available for administration. Resident #1 also received an order for Lidocaine 5% patch – apply 1 patch topically daily to painful area 12 hours per day, remove for 12 hours, for the fracture; however, the order has been pending since 11/15/2025 and has not been filled or administered to the resident.

On [REDACTED]/25, Resident #3 was sent to the hospital and admitted due to [REDACTED] blood sugar being almost 500. Admitting diagnoses included breakthrough seizure, Hyperglycemia, new onset T2DM (Profoundly Hyperglycemic); A1c was 7.5. Resident #3 was discharged from the hospital on [REDACTED] 25 with orders to start Metformin ER 500mg -take 1 tablet by mouth daily with breakfast. This medication was never administered to Resident #3 following discharge from the hospital as the home did not obtain the ordered medication to have available for administration. On 10/28/25, Resident #3 informed a staff member that [REDACTED] was vomiting. On [REDACTED]/25, Resident #3 informed staff that [REDACTED] was experiencing stomach pain and proceeded to vomit in the dining room trash can. On 11/1/25, Resident #3 experienced incontinence, "appeared disoriented and was swaying back and forth mumbling something unidentified". Resident #3 was able to relay that [REDACTED] was not feeling very well and was "out of it". Staff administered Resident #3 PRN medication for Anxiety. On 11/2/25, Resident was taken to the hospital and admitted on [REDACTED] 25 with a diagnosis of Diabetic Ketoacidosis without coma associated with T2DM and an A1c > 14.

Repeated Violation - 8/27/24, et al

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/18/2025 by the Administrator to contact the primary care doctor to receive pain medication. Primary care doctor sent pain medication over on 11/26/25. On 11/18/25 staff contacted pharmacy regarding pending lidocaine prescription and discovered it needed a prior authorization, which they previously contacted prescribing physician. Lidocaine patches were received and administered on 11/25/25. On 10/12/2025 support plans for Resident #1 and Resident #3 were updated to reflect behaviors and plan to support these behaviors.

42b - Abuse (continued)

To enhance the currently compliant operations, on 11/18/2025 the Administrator will ensure that all medications are given as prescribed and on schedule, with a completion date of 12/31/25. Resident #3 will manage and monitor own blood glucose levels as indicated by physician.

Effective 11/18/25 the House Manager Supervisor will perform monthly audits through 8/31/26 to maintain ongoing compliance with ensuring that all medication is being administered at scheduled times. Staff will support resident in contacting physician when identifies blood glucose is outside of parameters indicated by MD as instructed in support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Resident #3 will be assessed by the home to ensure Resident #3 is able to safely monitor and manage blood sugars. This assessment will be completed no later than 1/26/26.
- Beginning no later than 1/26/26, the administrator will review all resident hospital orders and discharge instructions within 24 hours of discharge from the hospital to ensure new orders are followed as prescribed.

Directed Completion Date: 01/26/2026

Not Implemented - 02/05/2026)

57b - 1 Hour/Day

4. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 11/1/25, there were 31 residents in the home, requiring a minimum of 31 hours of direct care service. On this day, only 30 hours of direct care staffing was provided.

On 11/9/2025, there were 31 residents in the home, requiring a minimum of 31 hours of direct care service. On this day, only 22 hours of direct care staffing was provided.

On 11/14/2025, there were 31 residents in the home, requiring a minimum of 31 hours of direct care service. On this day, only 21 hours of direct care staffing was provided.

Plan of Correction

Accept 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the Administrator to complete re-education on staff calculations located in RCG 2600.

To enhance the currently compliant operations, on 11/19/2025 the Administrator will adjust staffing schedules to ensure that total direct care hours meet or exceed the minimum required based on resident census, with a completion date of 12/31/2026. Administrator will post employment opportunities to hire an additional staff and offer over-time opportunities and establish PRN staff to ensure that any call-offs are covered.

Effective 11/19/25 the administrator will perform weekly reviews through 12/31/2026 to maintain ongoing

57b - 1 Hour/Day (continued)

Licensee's Proposed Overall Completion Date: 12/31/2026

Not Implemented [redacted] - 02/05/2026)

57d - Waking Hours

5. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 11/9/25, a total of 31 hours of direct care was required. However, only 22 of the required hours, or 71 percent, were provided during waking hours.

On 11/14/25, a total of 31 hours of direct care was required. However, only 21 of the required hours, or 68 percent, were provided during waking hours.

Plan of Correction

Accept [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the administrator to review the staffing schedule to identify why the shortfall occurred. Assign additional staff immediately to cover any missed direct care hours if residents are still affected.

To enhance the currently compliant operations, on 11/19/2025 the administrator will adjust staffing schedules to ensure that total direct care hours meet or exceed the minimum required based on resident census, with a completion date 12/31/2026.

Administrator will post employment opportunities to hire an additional staff and offer over-time opportunities and establish PRN staff to ensure that any call-offs are covered with a completion date of 1/31/2026.

The administrator will receive education on regulation 2600.57(d) including a review of the instructions on how to calculate hours as found in the back of the 2600 Regulatory Compliance Guide with a completion 1/13/2026.

Effective 11/19/2025 the administrator will perform weekly reviews through 12/31/2026 to maintain ongoing compliance with ensuring at least 75% of the personal care service hours specified in subsections (b) and (c) are available during waking hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/14/2026

Not Implemented [redacted] - 02/05/2026)

60a - Staff/Support Plan

6. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 11/16/25 from 10:00 PM to 6:00 AM, the home did not have staff trained in Medication Administration. As a result, the home was unable to provide medication administration services during this time. There are no scheduled

60a - Staff/Support Plan (continued)

medications at the home during this time; however, the following residents had medications scheduled pro re nata (PRN):

- Resident #2: Acetaminophen 500MG tablet take 1-2 tablets every 4-6 hours as needed for pain.
- Resident #3: Clonazepam 0.5mg-take one tablet by mouth at bedtime as needed for Anxiety, Ondansetron ODT 4mg-take 1 tablet by mouth every 8 hours as needed for nausea and vomiting, Propranolol 10mg-take 1 tablet by mouth as needed for feeling nervous or panicky at any time of the day as directed.
- Resident #8: Arthritis Pain Relief-take 1 tablet (650mg) by mouth every 8 hours as needed for mild pain, moderate pain or headaches.

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the administrator to ensure that all shifts, including overnight, have at least one staff member trained in Medication Administration. Staff who were missing training were signed up for medication administration training on 11/21/25.

To enhance the currently compliant operations, on 11/19/2025 the administrator will ensure that all shifts, including overnight, have at least one staff member trained in Medication Administration, with a completion date of 12/31/2025.

Effective 11/19/25 the administrator will perform quarterly reviews through 08/31/2026 to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All Staff was educated on the requirements of having at least one staff member per shift trained in medication administration requirements, with a completion date of 1/8/2026.

(Directed)

In addition to the above plan of correction:

- The administrator will complete an audit of all current staff members' medication administration training records. The audit will be completed no later than 1/26/26. The documented audit will include the staff member's name and if they are currently certified to administer medications in the home.
- Beginning no later than 1/26/26, the administrator will review staffing schedules at least one week in advance to ensure each shift has at least one staff member scheduled who is current in medication administration training. If a staff member calls off of their scheduled shift, the administrator will ensure a staff member remains in the home who is certified to administer medications.
- Documentation of routine audits and education will be kept by the home.

Directed Completion Date: 01/26/2026

Not Implemented [REDACTED] - 02/05/2026)

65f - Training Topics

7. Requirements

2600.

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

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.

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

Staff Member A, hired on [REDACTED]/22, did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, safe management techniques, and care for residents with mental illness or mental retardation, or both, if the population is served in the home during training year 2024.

Staff Member B, hired on [REDACTED] 22, did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration and safe management techniques during training year 2024.

Repeated Violation - 8/27/2024, et al

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the Administrator to offer education regarding above mention topics on 12/1/25.

To enhance the currently compliant operations, on 11/19/2025 the administrator will ensure that all staff members are trained on required state mandated topics, with a completion date of 12/31/2025. Staff Members A and B completed training on Infection control on 12/19/2025.

Effective 01/01/2026 the administrator will perform quarterly reviews through 09/30/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- No later than 1/31/26, the administrator will complete an audit of all current staff member's 2025 training records to ensure education has been provided in 2025 on topics required under regulation 2600.65(f). The documented audit will include the staff member's name, title and if the staff member received education in each identified topic.

Directed Completion Date: 01/26/2026

Not Implemented ([REDACTED] - 02/05/2026)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/18/25 at 9:06 AM and again on 11/19/2025 at 10:51 AM, feces was present on toilet near flush lever, the right-side wall, and the left-side wall in the 2nd floor west wing men's bathroom.

On 11/19/25 at 11:02 AM, mold was present around the seal and air circulation vent of the basement freezer.

Plan of Correction

Directed [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/18/2025 by the administration to clean and disinfect the affected areas immediately to maintain sanitation and resident safety.

To enhance the currently compliant operations, on 1/19/2026 the staff will increase the frequency of bathroom checks and cleaning twice during each shift, especially in high-use areas, with a completion date of 4/19/2026. Weekly checks in basement freezer and weekly cleaning with bleach will be done to prevent mold. (this will be ongoing). Education will be provided by administrator to all staff in the home on regulation 2600.85(a), with a completion date of 1/31/2026

Effective 1/19/2026 the Direct Care Staff will perform bathroom checks twice during each shift through 4/19/2026 to maintain ongoing compliance with maintaining sanitary conditions. Three of the checks per week will be random. Weekly checks for mold in basement freezer, Basement freezer will be cleaned with bleach weekly to prevent mold. Any deficiencies will be corrected immediately, any findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- In addition to the above plan of correction, the administrator will complete at least 3 random audits of the home each week beginning on 1/26/26 for 3 months. Audits will be documented to include the date and findings as well as plan to correct any areas found to be unsanitary.
- Documentation of routine audits and education will be kept by the home.

Directed Completion Date: 01/31/2026

Not Implemented ([redacted] - 02/05/2026)

85b - Infestation

9. Requirements

2600.

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

Description of Violation

On 11/18/25 and 11/19/25, there was evidence of a bed bug infestation in the home. On 11/18/25 at 9:11 AM, three live bed bugs were present in Resident #4's bed with bed bug feces present in the creases of the resident's bedding. On 11/19/25 at 10:51 AM, a live bed bug was present on the comforter of Resident #4's bed. On 11/18/25 at 10:36 AM,

85b - Infestation (continued)

a live bed bug and bed bug feces were present in the boxspring cover of Resident #5's bed. On 11/19/25 at 10:47 AM, a live bed bug, bed bug feces and exoskeleton were present on the comforter of Resident #5's bed.

Repeated Violation - 12/18/24

Plan of Correction

Directed [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the direct care staff to pull all the bedding in affected area to heat treat.

To enhance the currently compliant operations, on 11/19/2025 the exterminator will continue to provide maintenance services bi-monthly to prevent further infestation until otherwise indicated by exterminator.

Effective 1/15/2026 the Direct care staff will perform bi-weekly inspections through 08/30/2026 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. With any sightings of bed bugs, staff has been instructed to heat dry all linens in identified rooms, and replace with clean linens.

(Directed)

In addition to the above plan of corrections:

- The administrator will create a file in the home for the exterminator services that are completed. Documentation will be kept for services provided and what was found during the exterminator's on-site inspection/extermination.
- Direct care staff will perform audits of each resident room daily for 3 months beginning on 1/26/26. Audits will be documented to include resident room and findings.
- Beginning no later than 1/26/26, the administrator will complete an audit of each resident room at least twice per week for 3 months. Audits will be documented to include resident room and findings.
- If bed bugs are found, resident clothes, bedding and bedroom will be heat treated and thoroughly cleaned immediately.

Directed Completion Date: 01/26/2026

Not Implemented [redacted] - 02/05/2026)

87 - Lighting

10. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 11/18/25, both exterior lights located on the home's front porch were inoperable.

Plan of Correction

Accept [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to immediately to contact maintenance to fix. Maintenance came and fixed the lighting on 11/27/2025.

87 - Lighting (continued)

To enhance the currently compliant operations, on 12/01/2025 the House manager will complete checks weekly to ensure lights are working, with a completion date of 12/31/2025.

Effective 01/01/2026 the house manager will perform monthly checks through 03/31/2026 to maintain ongoing compliance with ensuring hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/14/2026

Not Implemented [redacted] - 02/05/2026)

88a - Surfaces

11. 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 11/18/2025 at 11:02 AM, two used electrical outlets in Resident #2's bedroom were missing the outlet covers posing potential safety hazards from exposed and accessible wires.

On 11/18/25, the 1st floor bathroom located in the east wing had a 3'x 3' hole in the ceiling directly above the shower.

Plan of Correction

Directed [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the administrator to contact maintenance personnel to complete task.

To enhance the currently compliant operations, on 01/01/2026 the house manager will will conduct monthly room inspections, with a completion date of 08/31/2026. Resident #2's outlet was replaced on 12/4/2025. First floor bathroom ceiling was repaired on 12/4/2025.

Effective 01/01/2026 the house manager will perform monthly inspection through 08/31/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- No later than 1/26/26, the administrator will complete an initial audit of the home and document any floors, walls, ceilings, windows, doors and other surfaces that may need to be repaired. Documentation will include areas identified, a plan of action to repair/clean these areas and the anticipated completion date. Areas found to be potential hazards will be repaired within 1 week of the finding.
- The on-going monthly audits completed by the house manager will include assessments of all areas of the home to identify any floors, walls, ceilings, windows, doors and other surfaces that may need to be repaired.

88a - Surfaces (continued)

The documented audits will include the area identified, a plan of action to repair/clean these areas and the anticipated completion date.

Directed Completion Date: 01/26/2026

Not Implemented () - 02/05/2026

101j3 - Bed/Linens/Pillows/Blankets

12. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 11/19/25 at 10:53 AM, the bed for Resident #6 did not have a pillowcase on one of () two pillows.

Repeated Violation 8/27/24, et al

Plan of Correction

Directed () R - 01/14/2026

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/18/2025 by the administrator to Provide a clean pillowcase and place it on the pillow immediately.

To enhance currently compliant operations, effective January 19, 2026, Direct Care Staff will incorporate room inspections per shift which includes checking for pillow cases. Full implementation will be completed by April 19, 2026. Staff will receive education on 2600.101 (j)(3).

Effective 1/19//2026 the House Manager Supervisor will perform one inspection on each shift through 4/19/2026 to maintain ongoing compliance with ensuring each resident has in their bedroom pillows, bed linens and blankets that are clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- By 1/26/26, the administrator or designee will complete a current inventory of pillows and pillowcases/linens in the home to ensure there are enough linens available for each pillow and bed.
- Education will be provided to all staff in the home on regulation 2600.101(j)(3) by 1/26/26.
- Beginning no later than 1/29/26, the House Manager Supervisor will perform one inspection on each shift at least once per week through 4/19/2026.
- Documentation of completed audits and education will be kept in the home and available for review by the Department.

Directed Completion Date: 01/26/2026

Not Implemented () - 02/05/2026

101j7 - Lighting/Operable Lamp

13. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

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

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

Description of Violation

On 11/18/25, Residents #2 and #7 did not have access to a source of light that could be turned on/off at bedside.

Repeated Violation - 8/27/24 et al

Plan of Correction

Accept [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the administrator to be sure lamps are accessible to each resident. Education will be provided and documented by administrator to all staff and residents. on 1/31/2026.

To enhance the currently compliant operations, on 11/24/2025 the direct care staff will complete daily room checks, with a completion date of 08/31/2026.

Effective 01/15/2026 the house manager will perform weekly inspections through 08/31/2026 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2026

Not Implemented [redacted] - 02/05/2026)

141a 1-10 Medical Evaluation Information

14. Requirements

2600.

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

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

Description of Violation

Resident #4's initial medical evaluation dated [redacted]/25, did not include the resident's medication regimen.

Plan of Correction

Directed [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/22/2025 by the Administrator to update the resident's medical evaluation to include a complete and accurate medication regimen.

141a 1-10 Medical Evaluation Information (continued)

To enhance the currently compliant operations, on 12/22/2025 the Administrator will Review all initial evaluations carefully to ensure that all required components, including the resident’s medication regimen, are thoroughly documented, with a completion date of 08/30/2026.

Effective [1/13/2026] the [1/15/2026] will perform monthly reviews through 08/31/2026 to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The administrator will complete an initial audit of all current resident medical evaluations by 1/31/26. The audit will document the residents name(s) and findings.

Directed Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)

141b1 - Annual Medical Evaluation

15. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #8’s most recent medical evaluation was completed on [REDACTED]/2024.

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/22/2025 by the administrator to Document the completion date and ensure records are updated.

To enhance the currently compliant operations, on 12/22/2025 the administrator will Establish reminders or alerts to prevent future delays, with a completion date of 06/30/2026. Resident #8 evaluation was completed 10/20/2025.

Effective 12/22/25 the administrator will perform monthly reviews through 06/30/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

141b1 - Annual Medical Evaluation (continued)

- Resident #8 will have [REDACTED] annual medical evaluation completed no later than 1/31/26.
- An initial audit will be completed no later than 1/31/26 on all current resident medical evaluations. Documentation will include the resident's name, date of the recent medical evaluation and a planned date to have an updated evaluation completed if the medical evaluation is overdue.

Directed Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)

181c - Self-administration Assessment**16. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers medications to include Lantus Solostar and Novolog Flexpen; however, Resident #3 was assessed by a physician on [REDACTED]/25 who determined the resident cannot self-administer medications.

Repeated Violation - 10/16/24, 8/27/24, et al

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to contact prescribing physician for documentation for self administration of insulin. Documentation received 11/27/2025.

To enhance the currently compliant operations, on 12/01/2025 the administrator will request documentation of self administration for diabetic residents newly prescribed medication, with a completion date of 12/31/2026.

Effective 01/01/2026 the administrator will perform as prescribed reviews through 08/31/2026 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The administrator will complete an initial audit of all resident's current medical evaluations to determine if a resident is assessed to self-administer medications. The resident's assessment and support plan will then be reviewed to ensure it is accurate.
- For residents who receive insulin and blood sugar checks, the home will provide medication administration services until the resident is assessed by a physician to self-administer medications.
- Beginning no later than 1/31/26, the administrator will complete at least two medication administration observations and two resident interviews to determine if residents are self-administering medications. The administrator will review the resident's record to ensure the resident has been assessed by a physician. This

181c - Self-administration Assessment (continued)

will continue for 3 months.

- Documentation of completed audits, observations and interviews will be kept by the home and available for review by the Department.

Directed Completion Date: 01/26/2026

Not Implemented [REDACTED] - 02/05/2026)

185a - Implement Storage Procedures

17. 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

On 10/17/25, Resident #1 received prescriber's orders to take Hydrocodone-Acetaminophen (Norco). As of 11/19/25, this medication has not been available in the home since prescribed.

Resident #3 is prescribed Ondansetron ODT 4mg tablet take, 1 tablet by mouth every 8 hours as needed for nausea and vomiting. On 11/18/25 at 11:50 AM, the resident's medication was not available in the home.

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the house manager to reorder medication from pharmacy for resident #3. Regarding resident #1 pharmacy never received order for medication from the physician. Administrator contacted PCP on 11/20/2025 in regards residents #1. PCP determined that resident needed to be seen by MD for pain medication. Physician order was sent on 11/26/2025

To enhance the currently compliant operations, on 12/01/2025 the house manager will conduct cart audit to ensure all medication that is in MAR is available for administration, with a completion date of 08/31/2026.

Effective 01/01/2026 the house manager will perform monthly audits through 08/31/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Resident #3's Ondansetron will be available in the home for administration no later than 1/26/26.
- An initial audit of all resident current orders and medications in the home will be completed no later than 1/26/26.
- Beginning no later than 1/26/26, the administrator will review all resident hospital orders and discharge instructions within 24 hours of discharge from the hospital to ensure new orders are followed as prescribed.
- Documentation of completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 01/26/2026

Not Implemented [REDACTED] - 02/05/2026)

187a - Medication Record

18. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4 is prescribed Aspirin 81mg and Potassium ER 20MEQ. However, resident's November 2025 Medication Administration Record does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/26/2025 by the administrator to contact pharmacy provider to update diagnosis on MAR for medications for resident #4. Education on medication administration 2600.187(a) was provided on 1/8/2026 to all staff who administer medication.

To enhance the currently compliant operations, on 12/01/2025 the administrator will educate pharmacy on state requirements for MAR; completed 12/01/2025.

Effective 01/01/2026 the house manager will perform monthly audits through 08/31/26 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including diagnosis or purpose for the medication, including pro re nata (PRN), and diagnosis or purpose for the medication, including pro re nata (PRN). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/14/2026

Not Implemented [redacted] - 02/05/2026)

187b - Date/Time of Medication Admin.

19. 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 #4's October 2025 Medication Administration Record (MAR) does not include the initials of the staff who administered the following prescribed medications from 10/14/25-10/29/25:

Aspirin 81mg-1 tablet once daily.

Atorvastatin 40mg-2 tablet once daily

Furosemide 40mg-1 tablet once daily

Melatonin 10mg- 1 tablet once daily

Omeprazole 20mg-1 tablet once daily

Potassium ER 200MEQ-1 tablet once daily

Vitamin D3 100 IU-1 tablet once daily

Resident #9 is prescribed Alprazolam 1MG tablet, take 1 tablet by mouth twice daily for anxiety and Methadone Intensol 10MG/ML take 17ML (170MG) by mouth daily. However, Resident #9's November 2025 MAR does not include the initials of the staff who administered the medications on 11/8/25 and 11/9/25 at 7:00 AM.

Repeated Violation - 10/16/24

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

Plan of Correction

Accept [redacted] - 12/23/2025)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to instruct staff immediately to document medication administration information at the exact time medications are given, not after the fact.

To enhance the currently compliant operations, on 11/24/2025 the house manager will review the MAR to ensure proper documentation, with a completion date of 12/31/2025.

Effective 01/01/2026 the house manager will perform monthly audit through 08/31/2026 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.

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

Not Implemented [redacted] - 02/05/2026)

187c - Refusal of Medication

20. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 11/16/25 at 8:00 PM, Resident #4 refused to take the following medications which were not reported to the prescriber: Atorvastatin 40MG 1 tablet once daily and Melatonin 10MG 1 tab once daily by mouth.

On 11/6/25 at 7:00 AM, Resident #10 refused to take the following medications which were not reported to the prescriber:

- Amlodipine Besylate 10mg, take 1 tablet by mouth daily*
- Bupropion HCL SR 150mg, take 1 tablet by mouth once daily in the AM*
- Diclofenac Sodium, take one tablet by mouth twice daily*
- Ezetimibe 10MG, take 1 tablet by mouth daily*
- Farxiga 10MG, take one tablet by mouth daily*
- Fenofibrate 145MG, take 1 tablet by mouth once daily*
- Fluticasone Prop 50MCG, instill 2 sprays into each nostril twice daily*
- Loratadine 10MG, 1 tablet by mouth daily*
- Metoprolol Succ ER 25MG, take 1 tablet by mouth twice daily*
- Montelukast Sod 10MG, tablet take 1 tab by mouth daily*
- Perphenazine 2MG, take 1 tablet by mouth daily.*

Plan of Correction

Directed [redacted] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/09/2025 by the house manager to inform PCP of refusal of medication.

187c - Refusal of Medication (continued)

To enhance the currently compliant operations, on 12/09/2025 the administrator spoke with prescribing physician for resident #4 regarding recent refusal. On 12/08/25 house manager spoke with PCP for resident #10 regarding recent refusal of medications and requested documentation for routing reporting for future refusals, with a completion date of 02/03/2026.

Effective 01/13/2026 the house manager will perform monthly reports through 08/31/2026 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education will be provided to all staff who administer medications on regulation 2600.187(c) by 1/31/26.
- Beginning no later than 1/26/26, monthly audits will be completed and documented on resident MAR's to ensure refusals were documented and reported to the prescriber. Documentation will include the name of the resident's MAR's that were reviewed as well as the results of the audits.

Directed Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

Resident #3 was in the hospital from [REDACTED]/25 through [REDACTED] 1/25 and ordered to start Metformin ER 500mg, take 1 tablet by mouth daily with breakfast for new onset T2DM (profoundly hyperglycemic). This medication was not administered to Resident #3 from 9/1/25 through 11/1/25 as the medication was not available in the home.

Resident #4 was not administered the following medications as ordered by the prescriber from 11/10/25 through 11/12/25 as the medications were not available in the home:

- Aspirin 81mg-take 1 tablet once daily
- Furosemide 40mg-take 1 tablet once daily for Diuretic
- Omeprazole 20mg-take 1 tablet once daily for GERD
- Potassium ER 20MEQ-take 1 tablet once daily
- Vitamin D3 400IU-take 1 tablet once daily for supplement

Resident #9 had prescriber's orders to receive Spiriva Respimat 2.5MCG inhaler. Resident #9 did not receive this medication as ordered on 11/18/25 at 7:00 AM because the medication was not available in the home.

Repeated Violation - 10/16/24, 8/27/24, et al

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to contact pharmacy to investigate resident missing medications for residents #4 and #9. Resident #3 did not have an active medication order issued to the pharmacy on 11/20/2025. On 12/09/2025 Administrator spoke with physician for resident #4 regarding missing physician orders. For resident #9 physician was informed on 12/08/2025 regarding need for a refill which caused the missing medication.

To enhance the currently compliant operations, on 12/01/2025 the Direct care staff will reorder medication one week prior to completion of medication, with a completion date of 12/31/2025.

Effective 12/01/2025 the direct care staff will perform daily checks of medications in med cart during times of administration through 08/31/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- *The prescribing physicians will be notified of the medication errors as identified in the violation in accordance with regulation 2600.188(b) by 1/31/26. Documentation of the notification to the physician and the physician's response will be kept by the home.*
- *The home will submit an incident to the Department regarding the medication errors as identified in the violation in accordance with 2600.16(c) by 1/31/26.*
- *The administrator will develop a policy and procedure on reviewing resident hospital orders and discharge instructions in order to ensure follow-up is being completed on ordered treatments and medications. Education will be provided to all staff in the home by 1/31/26.*
- *The administrator will review the current policy for medication storage and update with the new process to order medications at least one week prior to the medication running out. Education to all staff on the updated policy will be completed by 1/31/26.*
- *Beginning no later than 1/26/26, medication cart audits will be completed at least once a week by the administrator to ensure medications are available in the home as ordered. These audits will be documented and include the resident's name, findings as applicable and a plan if medications are not available*

Directed Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)

190b - Insulin Injections

22. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 11/18/25 at approximately 11:15 AM, Staff Member C, who has not successfully completed a

190b - Insulin Injections (continued)

Department-approved diabetes patient education program with in the last 12 month verbally directed Resident #11 in the administration of [REDACTED] insulin which initially included an incorrect dose to administer per the resident's sliding scale.

Plan of Correction

Directed [REDACTED] 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to educated staff on self-administration.

To enhance the currently compliant operations, on 11/25/2025 the administrator will ask pharmacy for a larger print of sliding scale for insulin for resident to read on [REDACTED] own, completed on 11/27/2025.

Effective 11/20/2025 the administrator will perform daily oversight through 12/31/2025 to maintain ongoing compliance with ensuring that no staff person is assisting the resident who self-administers insulin injections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education will be provided to all staff in the home on the responsibilities of staff who have not completed the Department-approved diabetes patient education program-staff are not permitted to assist in any steps associated with blood glucose checks or insulin administration, including providing instructions on how much insulin to administer. Education will be completed by 1/31/26.
- Documentation of completed education and oversight observations will be kept and available for review by the Department.

Directed Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)

227e - Self Administer Medication

23. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #12's support plan, dated [REDACTED]/25, indicated that the resident cannot self-administer [REDACTED] own medications and that the DCS will administer all medications. However, staff interviews and resident record review indicated Resident #12 self-administers all of [REDACTED] medications.

Plan of Correction

Accept [REDACTED] - 01/14/2026)

In response to the violation on 11/18/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2025 by the administrator to completed an audit of resident's chart. Administrator updated RASP to reflect resident #12 is able to self-administer medication as indicated on DME found during AUDIT.

To enhance the currently compliant operations, on 12/01/2025 the administrator will complete monthly resident chart audits, with a completion date of 08/31/2026.

Effective 01/01/2026 the administrator will perform monthly audits through 08/31/2026 to maintain ongoing compliance with ensuring each resident's support plan documents the ability of the resident to self-administer medications or the need for medication reminders or medication administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

227e - Self Administer Medication (*continued*)

Licensee's Proposed Overall Completion Date: 01/31/2026

Not Implemented [REDACTED] - 02/05/2026)