



Pennsylvania  
Department of Human Services

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DECEMBER 17, 2025**

[REDACTED]  
Country Manor PCH LP  
111 Altmeyer Drive  
Kittanning, Pennsylvania 16201

RE: Country Manor  
License #: 44629

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on November 19, 2025 of the above facility that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: COUNTRY MANOR License #: 44629 License Expiration: 12/11/2024  
Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201  
County: ARMSTRONG Region: WESTERN

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: COUNTRY MANOR PCH LP  
Address: 111 ALTMAYER DRIVE, KITTANNING, PA, 16201  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/20/1996 Issued By: Dept L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 11/19/2025

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 50 Residents Served: 16

**Secured Dementia Care Unit**

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

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 16	Are 60 Years of Age or Older: 11
Diagnosed with Mental Illness: 15	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 1

**Inspections / Reviews**

**11/19/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: Exception

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

16 residents were present in the home on 11/13/25 and 11/15/25. Staff person A, who was not certified in first aid worked alone in the home from 6:00 p.m.- 6:00 a.m.

REPEAT VIOLATION: 10/3/24

Plan of Correction

Directed ( [redacted] - 12/03/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall review the schedule and ensure that all shifts include staff members trained in accordance with the regulation 63a.

[redacted]. 12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall audit all staff training records to identify all staff lacking first aid training.

[redacted]. 12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall schedule first aid training for all staff in need of training.

[redacted] 12/11/25

Directed Completion Date: 12/31/2025

Directed Completion Date: 12/31/2025

65g - Annual Training Content

2. 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:

Description of Violation

Staff person B, hired [redacted]/18, did not receive the following required training topics in the training year 2024:

Fire safety completed by a fire safety expert

Emergency preparedness

Resident Rights

The Older Adult Protective Services Act

Falls and accident prevention

65g - Annual Training Content (continued)

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction, then weekly the administrator or designated staff person shall review the schedule and ensure that all staff members are trained in accordance with regulation 65G. [REDACTED]

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall audit all staff training records to identify all staff training deficiencies in accordance with regulation 65G. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall schedule training for all staff in need of training. [REDACTED] 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:00 a.m., the clear liquid in the 33 fluid ounce glass cleaner spray bottle, labelled "Bleach/Water", in the laundry room was confirmed by staff person C, [REDACTED], to contain a mixture of black and water. The original product labeling indicates "If swallowed, call a Poison Control Centre or doctor immediately. DO NOT induce vomiting". Additionally, product labeling for the glass cleaner contains a warning: "Do not mix with bleach or any other household cleaners".

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall conduct a facility-wide sweep to ensure that all poisonous materials are stored in their original, labeled containers.

[REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall conduct a facility-wide sweep to ensure that all poisonous materials are stored in their original, labeled containers.

[REDACTED] 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall train all staff on regulation 82a.

[REDACTED]. 12/11/25

**Directed Completion Date: 12/31/2025**

82a - Poisonous Materials (continued)

Directed Completion Date: 12/31/2025

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature at the bathroom sink in bedroom #5 measured 122.4 degrees Fahrenheit.

The water temperature at the bathroom sink in bedroom #11 measured 122.6 degrees Fahrenheit.

The water temperature at the bathroom sink in bedroom #17 measured 123.5 degrees Fahrenheit.

REPEAT VIOLATION: 10/3/24

Plan of Correction

Directed [redacted] - 12/03/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall audit 100% of the water faucets that can be accessed by the residence for temperature in accordance with regulation 89b.

[redacted] 12/11/25

Directed:

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit 10% of the water faucets that can be accessed by the residence for temperature in accordance with regulation 89b.

[redacted] 12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall include these inspections for review at the next six quality management meetings.

[redacted] 12/11/25

Directed Completion Date: 12/31/2025

Directed Completion Date: 12/31/2025

96a - First Aid Kit

5. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not include nonporous disposable gloves, thermometer, adhesive tape, and tweezers.

## 96a - First Aid Kit (continued)

## Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure the facility first aid kits are complete in accordance with regulation 96a.

[REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit the first aid kits for compliance with regulation 96a.

[REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add a review of these inspections to the next three risk management meeting agendas.

[REDACTED] 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

## 101j7 - Lighting/Operable Lamp

## 6. Requirements

2600.

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

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

**Description of Violation**

The bed belonging to resident #1 does not have a source of lighting that can be turned on/off from bedside; as the lamp was inoperable.

## Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that resident #1 has an operational bedside light. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit 10% of the bedside lights to check function and compliance with regulation 101j7. [REDACTED].

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall place the review of these inspections on the agenda of the regular risk management meetings. [REDACTED] 12/11/25

**Directed Completion Date: 12/31/2025**

101j7 - Lighting/Operable Lamp (continued)

Directed Completion Date: 12/31/2025

103e - Left Overs

7. Requirements

2600.

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

Description of Violation

At approximately 10:20 a.m., the following were in the kitchen open and undated:

A bag containing 7 hamburger buns

A bag containing 5 hotdog buns

A 16 oz. package containing brown gravy

REPEAT VIOLATION: 10/3/24

Plan of Correction

Directed [redacted] - 12/03/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that there are no unlabeled, open food items in the facility kitchen, or in the facility storage areas. [redacted] 12/11/25

Directed:

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall inspect the facility kitchen and storage areas to check for compliance with regulation 103e. [redacted]

12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add these inspections to the risk management agenda for review at the next three risk management meetings. [redacted] 12/11/25

Directed Completion Date: 12/31/2025

Directed Completion Date: 12/31/2025

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

At approximately 10:15 a.m., the temperature in the green freezer measured 3 degrees Fahrenheit, in the walk-in closet in the dining room, and at 2:38 p.m. the temperature measured 5 degrees Fahrenheit.

At approximately 10:16 a.m., the temperature in the white freezer measured 1 degrees Fahrenheit, in the walk-in closet in the dining room, and at 2:39 p.m. the temperature measured 1 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

REPEAT VIOLATION: 12/27/24, 10/3/24

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that all facility freezers and refrigerators are maintaining temperatures in accordance with regulation 103f. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit all freezers and refrigerators in the facility to ensure compliance with regulation 103f. [REDACTED].

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add a review of these inspections at the next three risk management meetings. [REDACTED]. 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

103i - Outdated Food

9. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 10:15 a.m., a box containing 12 loaves of frozen dough and a box of 4 flatbread pizzas were both opened and unsealed in the green deep freezer, in the walk-in closet in the dining room.

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that there is no outdated food in the facility kitchen, or in the facility storage areas. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall inspect the facility kitchen and storage areas to check for compliance with regulation 103i. [REDACTED]

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall include these inspections to the risk management agenda for review at the next three risk management meetings. [REDACTED] 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

121a - Unobstructed Egress

10. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:51 a.m., the emergency exit door in the back hall was propped open with a paint stirring stick.

Plan of Correction

Directed (redacted) 12/03/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that no emergency exit doors are improperly propped open. (redacted) 12/11/25

Directed:

Within 7 days of receipt of the plan of correction, and then daily for six weeks, the administrator or designated staff person shall inspect all emergency doors to check function and compliance with regulation 121a. (redacted). 12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add a review of these inspections to the next three risk management meeting agendas. (redacted). 12/11/25

Directed Completion Date: 12/31/2025

Directed Completion Date: 12/31/2025

131c - Kitchen Fire Extinguisher

11. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

There was no fire extinguisher, with a minimum 2A-10BC in the home's kitchen.

Plan of Correction

Directed (redacted) - 12/03/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that the facility kitchen has an adequate fire extinguisher. (redacted) 12/11/25

Directed:

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit all facility fire extinguishers to ensure compliance with the policy. (redacted) 12/11/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall sl add a review of these inspections to the next three risk management meeting agendas. (redacted)/11/25

Directed Completion Date: 12/31/2025

Directed Completion Date: 12/31/2025

183b - Meds and Syringes Locked

**12. Requirements**

2600.

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

**Description of Violation**

Resident #1 was assessed to safely keep [REDACTED] Albuterol Sul HFA inh 90mcg, 1 puff as need; however, at approximately 12:00 p.m., this medication was unlocked, unattended, and accessible to residents in resident 1's bedroom.

REPEAT VIOLATION: 3/18/25 et al, 11/8/24, 10/3/24

**Plan of Correction**

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that resident #1's medications are securely stored. [REDACTED]. **12/11/25**

**Directed:**

Within 7 days of receipt of the plan of correction, and then weekly for six months, the administrator or designated staff person shall audit all self-administered medications to ensure they are stored properly in compliance with regulation 183b. [REDACTED]. **12/11/25**

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall train all residents who self-administer medications on the importance of properly storing their medications. [REDACTED] **12/11/25**

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

**187a - Medication Record****13. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident #2 was prescribed Incruse Ellipta powder 62.5mcg, inhale 1 puff by mouth into the lungs once daily

**187a - Medication Record (continued)**

inhalation; however, the November 2025 medication administration record(MAR) indicated Incruse Ellipta powder 32.5mcg/act, inhale 1 puff by mouth into the lungs once daily inhalation.

Resident #2 was prescribed Albuterol HFA 108(90 base) mcg/act inh, inhale 2 puffs by mouth every 4 hours as needed; however, the November 2025 MAR indicated two separate Albuterol orders, both of which staff where actively signing off as administered:

Albuterol HFA 108(90 base) mcg/act inh, inhale 2 puffs by mouth every 4 hours as needed

Albuterol sul hfa inh 90mcg, inhale 2 puffs by mouth every 4 hours as needed

Resident #3 is prescribed blood glucose readings 4 times daily before meals and at bedtime. On 11/11/25 at 5:23 a.m., a blood glucose reading of 53 was recorded on this residents glucometer; however, the reading was not documented on the Medication Administration Record (MAR).

Resident #3 was prescribed Lispro 100unit/ml inject sub-q per sliding scale before meals (8a, 12p, 5p) 0-150=0u; 151-200=2u; 201-250=3, 251-300=4u, 301-350=5u, 351-400=6, 401-999=7u and call md. On the following dates and times, staff did not document the correct amount of insulin administered based on the sliding scale:

<b>Date &amp; Time</b>	<b>Blood Glucose Reading</b>	<b>amount insulin documented on MAR</b>	<b>amount of insulin per sliding scale</b>
11/2/25 at 5:00 p.m.	203	7 units	3 units
11/3/25 at 12:00 p.m.	348	7 units	5 units
11/3/25 at 5:00 p.m.	378	7 units	6 units
11/7/25 at 8:00 a.m.	167	0 units	2 units
11/9/25 at 12:00 p.m.	285	0 units	4 units
11/9/25 at 5:00 p.m.	344	7 units	5 units
11/11/25 at 5:00 p.m.	350	7 units	5 units

Resident #3 was prescribed Lispro 100unit/ml inject sub-q per sliding scale before meals (8a, 12p, 5p) 0-150=0u; 151-200=2u; 201-250=3, 251-300=4u, 301-350=5u, 351-400=6, 401-999=7u and call md and Insulin Lispro 100 unit/ml, inject 3 units subcutaneously 3 times daily with meals. On the following dates and times, staff combined these orders and included the 3 units in the documentation of the amount of insulin administered with the slide scale order:

<b>Date &amp; Time</b>	<b>Blood Glucose Reading</b>	<b>amount insulin documented</b>	<b>amount of insulin per sliding scale</b>
11/1/25 at 5:00 p.m.	127	3 units	0 units
11/2/25 at 8:00 a.m.	192	5 units	2 units
11/3/25 at 8:00 a.m.	159	5 units	2 units
11/4/25 at 8:00 a.m.	280	7 units	4 units
11/4/25 at 11:00a.m.	125	3 units	0 units
11/4/25 at 5:00 p.m.	142	3 units	0 units
11/7/25 at 11:00 a.m.	137	3 units	0 units
11/7/25 at 5:00 p.m.	286	7 units	4 units
11/14/25 at 8:00 a.m.	431	10 units	7 units
11/14/25 at 11:00 a.m.	350	8 units	5 units
11/14/25 at 5:00 p.m.	351	9 units	6 units
11/18/25 at 8:00 a.m.	230	6 units	3 units

187a - Medication Record (continued)

11/18/25 at 11:00 a.m.	297	7 units	4 units
11/18/25 at 5:00 p.m.	220	6 units	3 units

REPEAT VIOLATION: 5/2/25, 12/27/24

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that resident #2 and resident #3's medications are being administered and documented properly. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then monthly for six months, the administrator or designated staff person shall audit 10% of the medication records to ensure that medications are being administered properly and that the medication administration is properly documented in accordance with regulation 187a. [REDACTED] 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add a review of these audits to the agendas of the next three risk management meetings. [REDACTED]. 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

187b - Date/Time of Medication Admin.

14. 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 #2 was prescribed Albuterol HFA 108(90 base) mcg/act inh, inhale 2 puffs by mouth every 4 hours as needed; on 11/5/25 at 5:09 a.m., 11/5/25 at 5:12 p.m., and 11/19/25 at 5:26 a.m., this medication was administered; however, staff did not initial the Medication Administration Record (MAR) for this medication at time of administration. Instead, the staff initialed Albuterol sul hfa inh 90mcg, inhale 2 puffs by mouth every 4 hours as needed which was also listed on the MAR but not a current order available in the home.

REPEAT VIOLATION: 5/2/25, 12/4/24 et al

Plan of Correction

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that resident #2s medications are being administered and documented in accordance with regulation 187b. [REDACTED].

12/11/25

**Directed:**

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

Within 7 days of receipt of the plan of correction, and then monthly for six months, the administrator or designated staff person shall audit 10% of the medication records to ensure that medications are being administered properly and that the medication administration is properly documented in accordance with regulation 187b. [REDACTED]. 12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall train all medication administration staff on correct documentation of medication administration in accordance with regulation 187b. [REDACTED]. 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025

187d - Follow Prescriber's Orders

15. Requirements

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

**Description of Violation**

Resident #3 was prescribed blood glucose readings 4 times daily before meals and at bedtime and Glucose oral tablet, chew 4 tablets by mouth as needed for glucose level <60. On 11/11/25 at 5:23 a.m., a blood glucose reading of 53 was recorded on this residents glucometer; however, the Glucose oral tablets were not administered.

Resident #3 was prescribed blood glucose readings 4 times daily before meals and at bedtime and Glucose Oral Gel, give 1 tube orally as needed for blood sugar less than 70 once per day. On 11/10/25 at 7:55 a.m. and on 11/11/25 at 10:51 a.m., a blood glucose reading of 68 was recorded on this residents glucometer and on the Medication Administration Record (MAR); however, the Glucose Oral Gel was not administered.

REPEAT VIOLATION: 5/2/25, 3/18/25 et al, 12/27/24, 12/4/24 et al, 11/20/24

**Plan of Correction**

Directed [REDACTED] - 12/03/2025)

**Directed:**

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that resident #3's medications are being administered and documented in accordance with regulation 187d. [REDACTED].

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction, and then monthly for six months, the administrator or designated staff person shall audit 10% of the medication records to ensure that medications are being administered properly and that the medication administration is properly documented in accordance with the regulation 187d. [REDACTED].

12/11/25

**Directed:**

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall add a review of these audits to the next three risk management meeting agendas. [REDACTED]. 12/11/25

**Directed Completion Date: 12/31/2025**

Directed Completion Date: 12/31/2025