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

January 29, 2026

DEVEREUX FOUNDATION INC

RE: DEVEREUX PA ADULT SERVICES PCH - HILLTOP COTTAGE
237 LEOPARD ROAD
BERWYN, PA, 19312
LICENSE/COC#: 19819

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/04/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *DEVEREUX PA ADULT SERVICES PCH - HILLTOP COTTAGE* **License #**: *19819* **License Expiration**: *02/08/2026*

Address: *237 LEOPARD ROAD, BERWYN, PA 19312*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *DEVEREUX FOUNDATION INC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *R 4* **Date**: *12/19/2000* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *9* **Waking Staff**: *7*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *12/04/2025*

Inspection Dates and Department Representative

12/04/2025 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* **Residents Served**: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *2*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *6*

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

Inspections / Reviews

12/04/2025 - Full

Lead Inspector: **Follow Up Type**: *POC Submission* **Follow Up Date**: *01/05/2026*

Inspections / Reviews *(continued)*

01/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *01/12/2026*

01/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/27/2026*

01/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [redacted] the home's current violation report, dated [redacted] was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 01/07/2026)***

The 2024 violation report was posted on 12/04/2025, meeting the requirement of regulation 2600.3c to display current violation reports visibly and accessibly in the program.
To avoid future violations of Regulation 2600.3c, the program supervisor will conduct monthly facility walkthroughs to ensure violation reports are posted in visible areas. This oversight helps maintain compliance and quickly addresses any missing or misplaced reports. The walkthrough will start on 01/31/2026 through 12/31/2026.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented [redacted] - 01/29/2026)

19 - Review Waiver

2. Requirements

2600.
19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On [redacted], the home received a waiver of qualifications for direct care staff person A, due to staff person A receiving their education from outside of the United States. The home failed to post the waiver in a conspicuous and public place within the home.

Plan of Correction ***Accept [redacted] - 01/07/2026)***

To comply with regulation 2600.19e, the waiver of qualifications for direct care staff was posted on 12/8/2025 and is visible and accessible as required.
To avoid repeated 2600.19e violations, the program supervisor now requires monthly walkthroughs. During the walkthrough, the Supervisor will verify that waivers are visibly posted and remain posted to ensure ongoing compliance and prompt corrections as needed. The supervisory walkthrough will start on 01/31/2026 through 12/1/2026.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented [redacted] - 01/29/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

65f - Training Topics *(continued)*

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

Description of Violation

Direct care staff person B did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, or care for residents with dementia and cognitive impairments during training year [REDACTED] through [REDACTED]

Direct care staff person C did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, or care for residents with dementia and cognitive impairments during training year [REDACTED] through [REDACTED].

Repeat violation: [REDACTED]

Plan of Correction ***Accept [REDACTED] 01/13/2026)***

Following the discovery that Staff B and Staff C were not compliant with the required self-medication administration training, immediate steps were taken to address this violation. On 12/14/2025, both staff members were promptly removed from all duties related to medication administration. The Training department responsible for medications administration training was notified on 12/14/2025. The department, based on the training calendar, scheduled the staffs for a person medications self-administration training with the department certified medication administration trainer on 1/26/2026. Until then, these two staff will not administer medications.

Staff B and Staff C must complete all mandatory training components before resuming any tasks that require these competencies. Required topics include medication self-administration, meeting residents' specific needs, and dementia care/cognitive impairments. Both staff members will be permitted to resume relevant responsibilities only after completing all necessary training and once the documentation is filed correctly. The scheduled medication self-administration training for Staff B and Staff C is set for 1/26/2026. After successful completion, certificates and training records will be maintained in each staff member’s personnel file for future reference and verification.

To prevent future violations of Regulation 2600.65f, the supervisor will implement a compliance tracking log for training. This log will record the completion of all required annual courses for direct care staff. The Supervisor will review the tracker monthly from 01/01/2026 to 12/31/2026 to ensure training remains current and promptly address any gaps. Additionally, new hires will be entered into the tracker during onboarding, guaranteeing timely completion of all required training and ongoing oversight.

Licensee's Proposed Overall Completion Date: *01/10/2026*

Implemented [REDACTED] - 01/29/2026)

65g - Annual Training Content

4. Requirements

65g - Annual Training Content *(continued)*

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 through

Staff person C did not receive training in resident rights during training year through

Repeat violation:

Plan of Correction ***Accept - 01/13/2026)***

Following the inspection, Staff B and Staff C received training on resident rights on 12/19/2025, conducted by the PCH Administrator. Further, all records were reviewed on 12/22/2025 by the program supervisor and logged the reviewed.

This training was implemented to address the identified violation of Regulation 2600.65g, which requires all staff to be appropriately trained in resident rights during the specified training year.
To prevent future violations, the program supervisor will conduct monthly reviews of staff training records beginning 1/1/2026. These reviews will ensure all documents are up to date and that any training gaps are promptly addressed. Additionally, the supervisor will provide resident rights training to all new hires during unit orientation, ensuring that staff are fully prepared before working with residents on the floor. These corrective measures are intended to support ongoing compliance with Regulation 2600.65g and uphold the rights and well-being of all residents. The supervisor will review the staff record monthly covering the period from 01/1/2026 through 12/1/2026.

Licensee's Proposed Overall Completion Date: *01/10/2026*

Implemented 01/29/2026)

103c - Food Protected

5. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On at 9:14 AM, there was an uncovered plate of sausage stored in the refrigerator.

Plan of Correction ***Accept - 01/13/2026)***

A recent inspection found an uncovered sausage plate in the refrigerator, in violation of Regulation 2600.103c, which requires that all food be covered and properly stored to prevent contamination. As required by regulation 2600.103c, the uncovered sausage plate was removed from the refrigerator and discarded on 12/04/2025. The program

103c Food Protected (continued)

supervisor started the daily walkthroughs for proper food storage on 12/5/2025.
To prevent a recurrence of a 2600.103c violation, the supervisor provided staff with retraining on food safety and proper storage practices. This training was conducted during the monthly staff meeting held on 12/19/2025. The goal of this corrective action is to reinforce food safety standards, ensure all food items are stored appropriately, and maintain ongoing regulatory compliance. Food safety training will continue monthly during staff meetings from 1/2026 to 12/31/2026, and the supervisor will conduct daily walkthroughs to ensure all food is covered and stored adequately from 12/5/2025 through 12/31/2026.

Licensee's Proposed Overall Completion Date: *01/10/2026*

Implemented ███ - 01/29/2026)

103e - Left Overs

6. 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

There was an unlabeled, undated package of shredded mozzarella cheese, package of shredded Mexican blend cheese, and container of gravy in the refrigerator.

Plan of Correction ***Accept ███ - 01/13/2026)***

A recent inspection found an unlabeled, undated package of shredded mozzarella cheese, a package of shredded Mexican blend cheese, and a container of gravy in the refrigerator, in violation of Regulation 2600.103e, which requires that all food shall be labeled and covered. As required by regulation 2600.103e, the unlabeled, undated package of shredded mozzarella cheese, the package of shredded Mexican blend cheese, and the container of gravy were removed from the refrigerator and discarded on 12/4/2025. The program supervisor started the daily audit for proper food storage on 12/5/2025.
To prevent the recurrence of a 2600.103e violation, the supervisor provided staff with retraining on food safety and proper storage practices. This training was conducted during the monthly staff meeting held on 12/19/2025. In addition, the supervisor will implement a food safety and storage tracking log. The purpose of this corrective action is to reinforce food safety standards, ensure all food items are stored appropriately, and maintain ongoing regulatory compliance. Food safety training will continue monthly during staff meetings from 1/2026 to 12/31/2026, and the supervisor will conduct daily walkthroughs to ensure all food is covered and stored adequately from 12/5/2025 through 12/1/2026.

Licensee's Proposed Overall Completion Date: *01/10/2026*

Implemented ███ - 01/29/2026)

107d - Procedure Emergency Management Agency Submission

7. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d Procedure Emergency Management Agency Submission *(continued)*

Description of Violation

The home's written emergency procedures were submitted on [redacted]; the home's previous written emergency procedures were submitted on [redacted]

Repeat violation: [redacted]

Plan of Correction ***Accept [redacted] - 01/07/2026)***

The 2024 written emergency procedure was reviewed and updated on 2.15.24 and then again in 2025 on 2.20.25. The procedure was submitted to the local emergency management agency on 2.29.24 and then again on 2.21.25. The Director of Quality Management will track the annual date to ensure that the procedure is reviewed, updated and submitted annually to the local emergency management agency with 365 days of the previous review.

Licensee's Proposed Overall Completion Date: *12/30/2025*

Implemented [redacted] - 01/29/2026)

182b - Prescription Medication

8. Requirements

2600.

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

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

Description of Violation

On [redacted], at 7:00 AM, staff person B administered medications to residents to include the following: [redacted] and [redacted]. Staff person B is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home , or, a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [redacted] and [redacted] prescription medications; [redacted] and [redacted] for [redacted] or other allergies.

On [redacted], at 8:00 AM, staff person B administered medications to residents to include the following: [redacted], and [redacted] tablet. Staff person B is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home , or, a staff person who has completed the

182b - Prescription Medication (continued)

medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of and prescription medications; and injections for or other allergies.

Plan of Correction ***Accept - 01/07/2026)***

Upon discovery of the medication administration violation, staff person B was immediately removed from all medication administration duties on 12/4/2025. Person B was strictly prohibited from administering any medications until the successful completion of a department-approved medication administration training program.
Person B is currently enrolled in the next available department-approved medication administration training, scheduled for 1/26/2026. At the monthly staff meeting on 12/19/2025, the supervisor addressed the violation and reiterated the policy that only trained and certified staff may administer medications. The supervisor specifically emphasized that Person B may not resume medication administration duties until they have completed the required training and received certification.
To avoid repeating violation 2600.182.b, new procedures will be implemented. The supervisor will verify each staff member's training status before assigning medication-related duties at the start of every shift. All newly hired employees, including staff member B, must complete medication administration training before being assigned any responsibilities involving medication administration. The supervisor will perform quarterly audits of staff training records to confirm that all medication-certified staff are up to date with required retraining. The quarterly audits will be conducted January 2026 to December 2026.
Medication Administration Records (MARs) will be reviewed weekly from 1/1/2026 through 12/31/2026, with a tracking log to ensure regulatory compliance. Any change will result in the immediate removal of the staff member from medication duties and will require retraining as appropriate.

Licensee's Proposed Overall Completion Date: *12/30/2025*

Implemented 01/29/2026)

183d - Prescription Current

9. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On prescribed for resident was in the home's medication cart; however, the medication was discontinued on

Repeat violation:

Plan of Correction ***Accept - 01/07/2026)***

A recent inspection found a discontinued in the medication cart. Upon discovery, the medication was removed from the cart as required by regulation on 12/4/2025.
To prevent discontinued medications from remaining in the cart and future Regulation 2600.183.d violations, corrective steps were taken. All staff received a refresher on medication procedures at the monthly meeting on 12/19/2025, with a focus on proper identification, discontinuation, and record-keeping as required by regulations. Overnight staff will now complete a daily medication check, reviewing the cart at shift's end to confirm only current

183d Prescription Current (continued)

prescriptions are present. Any discrepancies or discontinued medications found will be reported immediately to the supervisor.
Furthermore, the supervisor will conduct weekly medication audits to verify ongoing compliance. These regular reviews will help promptly identify and address medication management issues, supporting both resident safety and regulatory compliance. The daily and weekly medication audits started on 12/8/2025 and would continue through 12/31/2026.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented - 01/29/2026)

185a - Implement Storage Procedures

10. 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 there were 4 new bubble packs, each containing 5 tablets prescribed to resident , in the home's medication cart, however, the documentation attached to the bubble packs indicated that a quantity of 10 tablets were delivered. According to staff person D, when this medication is sent from the pharmacy for resident 1, 5 tablets go into the home's medication cart, and 5 tablets are sent to resident 1's place of employment, which is part of another program, to be administered as needed. According to the home's medication policy "when medications are taken to a non Devereux day program, staff are to take and complete the Residential to Day Program Medication Handoff Verification Form; this documentation was not completed per policy, and/or available for review on 12/4/2025.

On , 3 bubble packs of tablets, prescribed to resident , were stored in the same drawer as the resident's non controlled medications, and not stored in the controlled substance drawer. According to the home's medication policy "any controlled medication is kept double locked".

On resident was not calibrated; on at 10:55 AM, resident s indicated the date and time as 11:56 AM.

On , resident s was not labeled with any identifying information as to who the glucometer belonged to.

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Plan of Correction ***Accept - 01/07/2026)***

On 12/8/2025, the nurse contacted the pharmacy to address delivery issues for resident 1's between the home and day program, ensuring proper distribution per protocols.
To avoid future violations of Regulation 2600.185a, the supervisor conducted staff training on correct medication handoff procedures during the monthly staff meeting on 12/19/2025, with an emphasis on completing the required verification form.
Medication delivery protocols will be updated to clarify how medications are distributed between the two programs and to improve communication. A staff checklist will be implemented for the program's circle medication delivery to confirm that all necessary documentation is complete before transferring medications, enhancing accountability and compliance. The implementation of the checklist, which started on 12/17/2025, will continue through 12/31/2026.

185a - Implement Storage Procedures (continued)

On December 4, 2025, it was identified that three bubble packs of Lorazepam 0.5 mg tablets, a controlled medication prescribed to resident 1, were inadvertently stored in the regular single-locked drawer instead of the required double-locked drawer. To comply with regulation 2600.185b and Devereux's medication policy, these bubble packs were promptly removed from the single-locked drawer and relocated to the double-locked drawer, ensuring proper storage for controlled substances as mandated by policy.
To prevent recurrence of this violation of regulation 2600.185b, the program supervisor has implemented routine daily checks of the medication cart with a tracking log. These checks verify that all medications are consistently stored in designated areas and that the medication cart always remains locked. The implementation of these daily checks began on December 17, 2025, and will continue through December 31, 2025, to maintain ongoing compliance and accountability.
185 c and d: The Healthcare Coordinator or Designee – Nurse Manager or DON will perform routine weekly checks of the glucometer device and the corresponding supplies. Weekly documentation of compliance, accuracy of time, and proper identification of the machine to the individual with corresponding supplies will be maintained. The checks for these specific items will start on 01/02/26 through to the next 90 days ending 04/02/26. This will be maintained for a period of 90 days and will fade if there are no inaccuracies. If there are inaccuracies, monitoring and weekly auditing will continue. Training for the PCH Administrator, nursing staff involved and med certified staff will be administered by 01/02/26. Failure of the trained staff to comply will lead to further disciplinary actions up to and including termination. This will be implemented by the supervisor, nurse manager or the Director of Nursing under the guidance of the Provider. A new and updated auditing form will be provided for the POC review and approval.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented (- 01/29/2026)

187d - Follow Prescriber's Orders

11. Requirements

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

Description of Violation

Resident is prescribed "check blood sugar once daily". However, according to the glucose readings indicated in resident glucometer, the home is not checking resident blood sugar every day.

Plan of Correction ***Accept (- 01/07/2026)***

Upon identifying the failure to conduct daily glucometer checks for Resident , immediate corrective action was taken. Staff involved in this incident received disciplinary guidance on December 14, 2025, emphasizing adherence to daily monitoring procedures for diabetic residents.
To reinforce compliance and staff competency, the supervisor conducted mandatory training for all residential staff during the 12/19/2025 staff meeting. This training emphasized the critical role of daily blood sugar monitoring in resident health and regulatory compliance. In addition, the supervisor promptly reviewed Resident 's glucose monitoring logs to identify any missed checks and ensure all readings were documented correctly.
To prevent a recurrence of the violation of regulation 2600.187d, the program supervisor implemented a daily checklist, effective 12/8/2025, requiring staff to confirm completion of blood sugar checks for Resident . This checklist is intended for daily use by staff to verify that all the necessary monitoring activities have been completed. The protocol will remain in effect through 12/31/2026 to support ongoing compliance and the health and safety of residents with diabetes.

187d Follow Prescriber's Orders *(continued)*

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented █ 01/29/2026)

190b - Insulin Injections

12. 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 █, staff person A, who has not successfully completed a Department approved █ patient education program within the last 12 months, performed blood glucose testing on resident █.

On █ and █, staff person C, who has not successfully completed a Department approved █ patient education program within the last 12 months, performed blood glucose testing on resident █

On █ and █ staff person E, who has not successfully completed a Department approved █ patient education program within the last 12 months, performed blood glucose testing on resident █

Plan of Correction ***Accept █ - 01/07/2026)***

After discovering unqualified staff performing diabetes related tasks, staff A, C, and E were immediately removed from administering medication and blood glucose testing as of 12/10/2025. Certified personnel assumed responsibility for Resident █s █ care. Staff A, C, and E are scheduled to complete an approved diabetes education program and will not resume related responsibilities until their completion is verified.
Supervisors must maintain training certificates in each employee's file, and a compliance audit tool to track staff assignments and annual education. A monthly staff record review will be conducted for at least six (6) months to ensure only certified personnel handle diabetes care. Supervisors must verify training before delegating any diabetes related tasks to ensure high standards and proper certification.
Quarterly audits of training documents will confirm ongoing compliance. Any lapses will result in immediate removal from diabetes duties until the issue is resolved. This process begins 12/31/2025 and continues through 12/31/2026 to support regulatory compliance and resident safety.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented █ 01/29/2026)

221c - Post Activity Calendar

13. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

221c Post Activity Calendar *(continued)*

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Repeat violation: ██

Plan of Correction ***Accept ██ 01/07/2026)***

A recent inspection found that the weekly activity calendar was not posted as required by Regulation 2600.221c. Staff immediately corrected this by posting the calendar on 12/4/2025 and ensuring it was displayed in a visible area of the home.
At the staff meeting on 12/19/2025, the supervisor reminded everyone to keep the activity calendar posted and discussed ways to prevent residents from removing regulatory information from posted areas. These steps help ensure ongoing compliance and ready access to current activity details, as required by state regulations.
To prevent violations under 2600.221c, the supervisor will conduct a weekly walkthrough to verify that the program activity calendar is posted and will regularly review with staff how to maintain it. The walkthrough will start on 1/21/2026 through 12/31/2026.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented ██ 01/29/2026)

224a - Preadmission Screen Form

14. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident ██ was admitted to the home on ██; however, the resident's preadmission screening form was completed on ██

Plan of Correction ***Accept ██ - 01/07/2026)***

Resident ██ pre admission screening was updated on 12/8/2025 with the corrected date. To ensure adherence to Regulation 2600.224a and prevent future violations, the program supervisor will implement the following measures. The program supervisor will verify that the pre admission screening form is completed on the day of admission for each new resident. This proactive approach is intended to uphold regulatory compliance and streamline the admission process for all incoming residents.
Additionally, a tracking log will be implemented to track new admissions and ensure that initial and pertinent records, such as the new admission pre screening form, have the correct completion date. This log will be maintained for the period from 01/01/2026 through 12/31/2026, ensuring clear, accessible records are available for compliance verification and facilitating periodic audits as needed.

Licensee's Proposed Overall Completion Date: *12/29/2025*

Implemented (██ - 01/29/2026)