

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

January 14, 2026

[REDACTED]  
ROXBOROUGH HOME FOR WOMEN INC  
[REDACTED]

RE: ROXBOROUGH HOME FOR WOMEN  
601 EAST LEVERINGTON AVENUE  
PHILADELPHIA, PA, 19128  
LICENSE/COC#: 14156

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: ROXBOROUGH HOME FOR WOMEN License #: 14156 License Expiration: 12/21/2025  
 Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: ROXBOROUGH HOME FOR WOMEN INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 04/05/1978 Issued By: City of Philadelphia

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 12/09/2025

**Inspection Dates and Department Representative**

12/09/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 30 Residents Served: 18  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 18  
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

12/09/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/03/2026

01/09/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/13/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/13/2026

Inspections / Reviews *(continued)*

01/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [redacted] during the medication audit for the home it was observed that resident [redacted] and resident [redacted] had missed multiple days of prescribed medications. The home did not submit an incident report to the Department.

Repeat Violation [redacted]

Plan of Correction

Accept ( [redacted] - 01/09/2026)

Plan of Correction

Regulation: 2600.16(c) – Written Incident Report

Facility: Roxborough Home for Women

Date of Violation: [redacted]

Violation Summary

On 12/09/25, during a medication audit, it was identified that Resident #1 and Resident #2 missed multiple days of prescribed medications. The incident was not reported to the Department’s Personal Care Home Regional Office or the Personal Care Home Complaint Hotline within 24 hours as required.

Plan of Correction

1. Immediate Corrective Action (Individual Residents)

- Upon identification of the missed medications, the PCA Supervisor immediately reviewed the medication records for Resident #1 and Resident #2.
- The residents’ physicians were notified, and medication administration was resumed by physician guidance.
- The health status of both residents was assessed and monitored to ensure no adverse outcomes resulted from the missed medications.
- A late incident report will be submitted to the Department to document the occurrence.

Date Completed: January 5, 2026

2. How the Facility Will Prevent Recurrence

- The PCA Supervisor has gone over the mandatory incident reporting protocol requiring any medication error, including missed doses, to be reported to the Administrator immediately upon discovery and to DHS.
- All medication-related incidents will be reported to the Department within 24 hours, using the Department-designated reporting method.
- A Medication Error & Incident Reporting Checklist will be added to the medication audit process to ensure compliance with reporting timelines.
- Supervisory staff will conduct weekly medication audits to identify errors promptly.

3. Staff Training and Education

- All PCAs, medication administrators, and supervisory staff will receive \*\*retraining on:
  - o Medication administration procedures
  - o Identifying medication errors

16c Written Incident Report (continued)

- o Incident reporting requirements under §2600.16(c)
- o Timeframes and methods for reporting incidents to the Department\*\*
  - Training will be documented
  - Training Completion Date: January 9, 2026

4. Monitoring for Ongoing Compliance

Monitoring for Ongoing Compliance

- The PCA Supervisor will conduct weekly medication audits for a minimum of 30 days followed by quarterly audits, to ensure adherence to medication administration and incident reporting requirements.
- All missed medication doses will be immediately reported to the resident's prescriber for guidance and documentation.
- Any missed medication dose will be treated as an incident, and an internal incident report will be completed upon discovery.
- All reportable medication incidents will be reported to the Department within 24 hours, using the Department designated reporting method, in accordance with §2600.16(c).
- Compliance with medication administration, prescriber notification, and incident reporting will be reviewed during supervisory meetings and corrective action will be taken as necessary.

5. Person Responsible

- PCA Supervisor and/or Lead PCA / Supervisor on Duty

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/14/2026)

60a - Staff/Support Plan

2. 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

Resident [redacted] did not receive help with ambulation, as required by [redacted] assessment and support plan. According to resident interviews, these services could not be provided due to lack of available direct care staffing in the home. Due to resident [redacted]'s unsteady gait resident [redacted] requested assistance in moving from the bathroom to the bedroom. Staff person A was completing the resident's laundry and did not hear the phone when it rang.

Plan of Correction

Accept [redacted] - 01/09/2026)

Plan of Correction

Regulation: 55 Pa. Code §2600.60(a) Staff/Support Plan

Facility: Roxborough Home for Women

Resident: [redacted]

Violation Summary

Resident [redacted] did not receive assistance with ambulation as required by the resident's assessment and support plan. The resident reported that assistance was not available due to a lack of direct care staffing at the time of need. The

**60a Staff/Support Plan (continued)**

resident, who has an unsteady gait, requested assistance to move from the bathroom to the bedroom. Staff Person A were completing laundry duties and did not hear the phone when the resident called for assistance.

*Plan of Correction**1. Immediate Corrective Action (Individual Resident)*

- Upon discovery of the incident, the PCA Supervisor reviewed Resident [REDACTED]'s assessment and support plan to confirm ambulation assistance requirements.
- Resident [REDACTED] will be reassessed when needed to ensure current mobility is accurately documented.
- PCA Staff will receive guidance on how to prioritize resident assistance requests over ancillary duties (e.g., laundry, housekeeping).
- Phone responsiveness will be reviewed with staff on duty to ensure residents' requests are heard and responded to promptly.

*Date Completed: January 9, 2026*

*2. How the Facility Will Prevent Recurrence*

- The facility will ensure staffing levels are sufficient to meet residents' assessed needs as outlined in their individual support plans.
- Direct care staffing schedules are always reviewed and adjusted to ensure coverage during peak resident care times.
- Non direct care tasks (laundry, housekeeping) will be scheduled during periods when adequate staffing is present to ensure resident needs remain the priority.

*3. Staff Training and Education*

- All direct care staff will receive retraining on:
  - o Resident assessments and support plans
  - o Ambulation assistance requirements
  - o Prioritization of resident care needs over ancillary duties
  - o Fall prevention and resident safety
- Training will emphasize that failure to provide required assistance places residents at risk for falls and injuries.
- Training completion will be documented in personnel files.

*Training Completion Date: January 9, 2026*

*4. Monitoring for Ongoing Compliance**Monitoring for Ongoing Compliance (Revised)*

- The PCA Supervisor will do the following:
  - Staffing schedules will be reviewed weekly to confirm adequate direct care coverage to always meet resident needs.
  - The facility has cordless phone for the PCA office to improve responsiveness to resident requests for assistance.
  - At least one PCA on each shift is required to always carry the cordless phone when not physically present in the office, to ensure all resident calls for assistance are received and responded to promptly.
  - Compliance with call response procedures will be monitored during supervisory rounds and addressed immediately if deficiencies are identified.
  - Any failure to respond timely to resident assistance requests will result in corrective action and additional training.
  - An acknowledgement form of this will be signed by all PCA Staff

*5. Person Responsible*

- Designee: PCA Supervisor [REDACTED]

60a - Staff/Support Plan (continued)

6. Date of Compliance  
Date: January 9, 2025

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], resident [REDACTED]'s [REDACTED], which [REDACTED] once daily for [REDACTED] was in the medication cabinet with an opening date of [REDACTED]. According to the manufacturer's instructions, medication should be discarded 28 days after opening.

On [REDACTED], resident [REDACTED], which require 2-4 drops to be instilled into both eyes 4 times a day, were found in the medication cabinet without an opening date. According to the manufacturer's instructions, medication should be discarded 90 days after opening.

Plan of Correction

Accepted [REDACTED] - 01/09/2026)

Plan of Correction

Regulation: 55 Pa. Code §2600.183(e) – Medication Storage

Facility: Roxborough Home for Women

Date of Violation: 12/09/25

Violation Summary

On [REDACTED], it was observed that prescription and OTC medications were not stored in accordance with the manufacturer's instructions. Resident [REDACTED] was stored in the medication cabinet beyond the 28-day discard period. Resident [REDACTED] were stored without a documented opening date, making it impossible to determine if the medication was within the allowable 90-day use period.

Plan of Correction

1. Immediate Corrective Action (Individual Residents)

- Resident [REDACTED]'s Lantus Solostar pen dated 10/22/25 was immediately removed from use and properly discarded.
- Resident # [REDACTED] Systane Lubricant eye drops without an opening date were removed and discarded in accordance with manufacturer instructions.
- Replacement medications were obtained, properly labeled with opening dates, and administered as prescribed.
- The PCA Supervisor will review medication storage for all residents to ensure no additional expired or improperly labeled medications were present.

Date Completed: January 9, 2026

183e - Storing Medications (continued)

2. How the Facility Will Prevent Recurrence

3. Staff Training and Education

- All medication administration staff will receive retraining on:
  - o Manufacturer storage and discard instructions
  - o Proper medication labeling and dating
  - o Identification and disposal of expired or undated medications
  - o PA Code §2600.183(e) requirements
- Training will be documented.

Training Completion Date: January 9, 2026

4. Monitoring for Ongoing Compliance

- The PCA Supervisor will conduct weekly medication cabinet audits for a minimum of 30 days, followed by ongoing quarterly audits, to ensure all prescription, OTC, and CAM medications are properly stored and labeled in accordance with manufacturer instructions.
- PCAs will receive refresher training provided by the PCA Supervisor that includes reviewing discarded timelines for time-sensitive medications (e.g., insulin, eye drops).
- All PCAs are required to read the refresher training and sign an acknowledgment upon completion. Signed acknowledgments will be maintained in staff personnel files.
- Any medication found to be expired, undated, or improperly stored will be removed immediately, and involved staff will receive additional retraining as needed.
- Compliance with medication labeling, storage, and training requirements will be reviewed during supervisory meetings and addressed promptly if deficiencies are identified.
- The PCA Supervisor will conduct weekly medication cabinet audits for a minimum of 30 days to ensure:
  - o All medications are properly labeled with opening dates
  - o No expired or undated medications are stored or administered
- Audit findings will be documented and reviewed during supervisory meetings.
- Any medication found to be expired, undated, or improperly stored will be removed immediately and staff retrained as necessary.

5. Person Responsible

- Designee: PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.

184a Resident's Meds Labeled (*continued*)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

The pharmacy label for resident [REDACTED] indicates to inject [REDACTED] once daily at bedtime for diabetes, but this does not match the Medication Administration Record, which states to inject [REDACTED] once daily at bedtime.

**Plan of Correction**

Accept [REDACTED] - 01/09/2026)

*Plan of Correction*

Regulation: 55 Pa. Code §2600.184(a) Resident's Medications Labeled

Facility: Roxborough Home for Women

Resident: [REDACTED]

Date of Violation [REDACTED]

*Violation Summary*

The pharmacy label for Resident # [REDACTED] instructs to inject [REDACTED] once daily at bedtime. However, the Medication Administration Record (MAR) indicates the resident is to receive [REDACTED] once daily at bedtime. This discrepancy creates a potential medication error risk and is not in compliance with §2600.184(a), which requires the original container to be labeled with accurate prescription information.

*Plan of Correction*

## 1. Immediate Corrective Action (Individual Resident)

- The PCA Supervisor contacted the prescribing physician and the pharmacy to correct the prescription label to match the MAR (14 units once daily at bedtime).
- The updated pharmacy labeled Lantus pen was obtained and placed in the medication cabinet.
- Staff will be retrained to verify all MAR entries against pharmacy labels prior to administration.

Date Completed: January 9, 2026

## 2. How the Facility Will Prevent Recurrence

- Implement a Medication Verification Protocol:

o All newly received medications will be checked against the MAR for:

1. Resident name
2. Medication name
3. Prescribed dosage and administration instructions
4. Date prescription issued
5. Prescriber name and title

o Any discrepancies will be immediately reported to the PCA Supervisor and the Administrator and prescriber/pharmacy for correction.

- Staff will document verification completion.

## 3. Staff Training and Education

- All PCA staff and medication administrators will receive refresher training on:

184a Resident's Meds Labeled (continued)

- o Proper verification of pharmacy labels against the MAR
- o Steps to take when discrepancies are identified
- o Importance of following §2600.184(a) for resident safety
- Training will be documented.

Training Completion Date: January 9, 2026

4. Monitoring for Ongoing Compliance

- The PCA Supervisor designee will conduct weekly audits of all newly received medications for a minimum of 30 days, followed by ongoing quarterly audits, to ensure pharmacy labels match MAR instructions.
- When the dosage of a medication changes, the pharmacy will be contacted immediately to request a new label reflecting the correct dose.
- Staff will verify that all newly received medications have:
  - o Resident name
  - o Medication name
  - o Prescribed dosage and administration instructions matching the MAR
  - o Date prescription issued
  - o Prescriber name and title
- Any discrepancies identified will be immediately corrected.
- Documentation of verification, pharmacy contact, and label updates will be maintained.
- 

5. Person Responsible

- Designee: PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)

187a - Medication Record

5. 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.

187a - Medication Record (*continued*)

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 [REDACTED] is prescribed glucose checks before meals and at bedtime, administer insulin according to a sliding scale. If [REDACTED], and if greater than [REDACTED], call MD. This medication was administered on 12/09/25 at 7:58 am; however, it is not included on resident [REDACTED]'s medication administration record.

**Plan of Correction**

Accept [REDACTED] - 01/09/2026)

*Plan of Correction*

Regulation: 55 Pa. Code §2600.187(a) – Medication Record

Facility: Roxborough Home for Women

Resident: [REDACTED]

Date of Violation: [REDACTED]

*Violation Summary*

Resident [REDACTED] is prescribed glucose checks before meals and at bedtime, with insulin administered according to a sliding scale. On [REDACTED] at 7:58 am, insulin was administered; however, this medication administration was not recorded on Resident [REDACTED] Medication Administration Record (MAR). This is a violation of §2600.187(a), which requires a complete and accurate medication record for each resident, including date, time, and staff initials for every administration.

*Plan of Correction**1. Immediate Corrective Action (Individual Resident)*

- The PCA Supervisor will immediately reviewed Resident [REDACTED]'s MAR and update it to reflect the insulin administration at 7:58 am.
- The prescribing physician was notified of the missing documentation to ensure continuity of care.
- Staff involved will be retrained on proper documentation of all medication administration events.

Date Completed: January 9, 2026

*2. How the Facility Will Prevent Recurrence*

- Implement a Medication Documentation Protocol requiring:
  - o All medications, including sliding scale insulin and PRN medications, to be recorded in the MAR at the time of administration.
  - o Staff to initial and date every entry to ensure accountability.
  - o Double-checking of the MAR at shift changes to ensure all prior doses are recorded accurately.
- The MAR will include:
  1. Resident's name
  2. Drug allergies
  3. Name of medication
  4. Strength
  5. Dosage form

187a - Medication Record (continued)

- 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 PRN
- 13. Date and time of administration
- 14. Name/initials of staff administering

3. Staff Training and Education

- All PCA and medication administration staff will receive refresher training covering:
  - o Proper completion of MARs, including sliding scale and PRN medications
  - o Documentation of date, time, and initials for every administration
  - o Use of MAR to track cumulative doses and prevent errors
- Training will be documented.

Training Completion Date: January 9, 2026

4. Monitoring for Ongoing Compliance (Revised)

- The PCA Supervisor will audit all MARs weekly for 30 days, then quarterly thereafter, to ensure that all medications administered are documented accurately.
- For all residents who require glucose checks, a dedicated space will be provided on the MAR for each glucose check, allowing the PCA to sign off immediately after performing the check.
- Staff must ensure that every insulin dose and glucose check is recorded with date, time, and initials.
- Any missing or incomplete documentation will be immediately corrected, and the staff involved will receive additional retraining.
- Audit logs will be maintained to demonstrate ongoing compliance for regulatory review.

5. Person Responsible

- Designee: PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented ( [REDACTED] 01/14/2026)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], injecting units subcutaneously before meals and at bedtime, according to a sliding scale. If [REDACTED] and if greater

187d Follow Prescriber's Orders (continued)

than 450, call MD. However, resident [REDACTED] has not received this medication since [REDACTED], because it was unavailable in the home.

Resident [REDACTED] is prescribed [REDACTED] 1 tab by mouth daily for fluid retention. However, this medication was not administered to resident [REDACTED] since December 2, 2025, because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] 1 tab by mouth daily for high blood pressure. Hold if Systolic is below [REDACTED]. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed once daily women's health vitamin, 1 tab by mouth daily as a supplement. However, this medication was not administered to resident [REDACTED] on [REDACTED] and [REDACTED], because the medication was not available in the home.

Plan of Correction

Accepted [REDACTED] 01/09/2026)

Plan of Correction

Regulation: 55 Pa. Code §2600.187(d) Follow Prescriber's Orders

Facility: Roxborough Home for Women

Residents: [REDACTED] and [REDACTED]

Date of Violation: [REDACTED]

Violation Summary

Resident [REDACTED] and Resident [REDACTED] did not receive medications as prescribed due to medications being unavailable in the home:

- Resident [REDACTED] o [REDACTED]

- Resident [REDACTED] o Women's health vitamin not administered on [REDACTED]

Failure to administer prescribed medications constitutes noncompliance with prescriber's orders, a risk to resident safety, and is a violation of §2600.187(d).

Plan of Correction

1. Immediate Corrective Action

- PCA Supervisor contacted pharmacy immediately to obtain all missing medications for Resident [REDACTED] and Resident [REDACTED].

- All missing doses were administered as soon as medications became available.

- PCA staff will be retrained to document the administration of all medications once received.

- A review of all residents' MARs was conducted to ensure no other medications were missing.

Date Completed: January 9, 2026

187d - Follow Prescriber's Orders (continued)

2. How the Facility Will Prevent Recurrence

- Implement a Medication Supply Monitoring Protocol:
  - o Assign a staff member to review inventory weekly for each resident's medications.
  - o Establish a minimum stock threshold for each medication to prevent shortages.
  - o Contact pharmacy immediately when supply is low to ensure delivery before medications run out.
- Ensure MARs and resident care plans are reviewed for upcoming medication needs.

3. Staff Training and Education

- All PCA and medication administration staff will receive refresher training on:
  - o Following prescriber orders at all times
  - o Monitoring medication supply and notifying supervisors of low stock
  - o Documenting all doses, including delayed or newly received medications
- Training completion will be documented.

Training Completion Date: January 9, 2026

4. Monitoring for Ongoing Compliance

- PCAs will follow all written orders given by the prescriber for every resident.
- If the instructions on a medication label do not match the instructions on the MAR, the following steps will be taken immediately:
  1. Notify the prescriber to clarify and obtain correct instructions.
  2. Notify the PCA Supervisor of the discrepancy.
  3. Update the MAR only after confirmation from the prescriber and/or corrected label from the pharmacy.
- The Administrator or designee will conduct weekly audits for 90 days, then monthly thereafter, to ensure:
  - o All prescriber orders are being followed accurately
  - o Any label/MAR discrepancies are addressed promptly
  - o Documentation of notifications and corrective actions is maintained
- Any PCA found not following this protocol will receive immediate retraining and corrective action as needed.

5. Person Responsible

- Designee: PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)

7. Requirements

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], apply one patch topically every 24 hours to affected area for pain at 8:00 pm. However, resident [REDACTED] was not administered [REDACTED] since [REDACTED].

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

**Plan of Correction**

Accept [REDACTED] - 01/09/2026

*Plan of Correction**Regulation: 55 Pa. Code §2600.187(d) Follow Prescriber's Orders**Facility: Roxborough Home for Women**Resident: [REDACTED]**Date of Violation: [REDACTED]**Violation Summary*

*Resident [REDACTED] is prescribed [REDACTED] to be applied one patch topically every 24 hours at 8:00 pm for pain management. The patch was not administered since [REDACTED] constituting a failure to follow prescriber orders as required under §2600.187(d), creating a risk to resident comfort and safety.*

*Plan of Correction**1. Immediate Corrective Action*

- *PCA Supervisor contacted the pharmacy to ensure an adequate supply of Lidocaine patches.*
- *Resident #3 received the medication as prescribed once available.*
- *PCA staff will be retrained on following prescriber orders and documenting administration.*
- *MAR was updated to reflect all missed doses and current administration schedule.*

*Date Completed: January 9, 2026**2. How the Facility Will Prevent Recurrence*

- *Implement a Medication Inventory Monitoring Protocol:*
  - o *Staff will check all medication supplies weekly to ensure adequate stock.*
- *Implement a Medication Administration Protocol:*
  - o *PCAs must administer all medications as prescribed.*
  - o *If medication is unavailable, Administrator and PCA Supervisor must be notified immediately to obtain supply.*
- *MAR will be monitored to ensure timely documentation of all medication administrations.*

*3. Staff Training and Education*

- *PCA and medication administration staff will receive refresher training on:*
  - o *Following prescriber orders for all medications*
  - o *Reporting and documenting missed or unavailable medications*
  - o *Proper MAR documentation, including date, time, and staff initials*

*Training Completion Date: January 9, 2026**4. Monitoring for Ongoing Compliance*

- *PCAs will follow all written orders provided by the prescriber for every resident.*
- *If the instructions on a medication label do not match the MAR, the following steps will be taken immediately:*
  1. *Notify the prescriber to clarify and obtain correct instructions.*
  2. *Notify the PCA Supervisor of the discrepancy.*
  3. *Update the MAR only after confirmation from the prescriber and/or receipt of a corrected label from the pharmacy.*
- *PCA Supervisor will conduct weekly audits of medication administration and MARs for 30 days, then monthly thereafter, to ensure:*
  - o *All prescriber orders are being followed accurately*

187d - Follow Prescriber's Orders (continued)

- o Discrepancies are identified and corrected promptly
- o Documentation of notifications and corrective actions is maintained

5. Person Responsible

• Designee: PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)

188b - Medication Error Reporting

8. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] is prescribed once daily woman's health vitamin. However, resident [REDACTED] was not administered once daily women's health vitamin on [REDACTED] and on [REDACTED]. This medication error was not reported to the prescriber.

Resident [REDACTED] is prescribed [REDACTED] apply one patch topically every 24 hours to affected area for pain at 8:00 pm. However, resident [REDACTED] was not administered [REDACTED] since [REDACTED]. This medication error was not reported to the prescriber.

Plan of Correction

Accept [REDACTED] - 01/09/2026)

Plan of Correction

Regulations:

- 55 Pa. Code §2600.187(d) – Follow Prescriber's Orders
- 55 Pa. Code §2600.188(b) – Medication Error Reporting

Facility: Roxborough Home for Women

Residents: [REDACTED] and [REDACTED]

Date of Violation: [REDACTED]

Violation Summary

- Resident [REDACTED]: Prescribed once daily women's health vitamin; not administered on 12/01–12/04/25.
- Resident [REDACTED] Prescribed [REDACTED] to be applied every 24 hours at 8:00 pm; not administered since 12/01/25.
- Medication errors were not reported to the prescriber as required by §2600.188(b).
- Failure to report these medication errors constitutes a violation of regulatory requirements for timely notification of prescribers, residents, and designated persons.

**188b - Medication Error Reporting (continued)***Plan of Correction**1. Immediate Corrective Action*

- Administrator immediately contacted the prescribers for Resident #2 and Resident #3 to report the missed doses and clarify any further instructions.
- All missed doses were administered as soon as medications became available.
- PCA staff involved were retrained immediately on medication error reporting procedures.
- MARs were updated to reflect missed doses and administration times.

*Date Completed: January 9, 2026*

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*2. How the Facility Will Prevent Recurrence*

- Implement a Medication Error Reporting Protocol:
    - o All medication errors, including missed doses, must be reported immediately to:
      1. The prescriber
      2. The resident
      3. The resident's designated person
    - o The PCA Supervisor must also be notified immediately.
  - Develop a Medication Error Log to document:
    - o Resident name
    - o Medication name and dose
    - o Date and time of error
    - o Corrective action taken
    - o Notifications made to prescriber, resident, and designated person
  - Reinforce timely reporting as a critical safety requirement for resident care.
- 

*3. Staff Training and Education*

- All PCA and medication administration staff will receive refresher training on:
  - o Following prescriber orders accurately
  - o Administering all scheduled medications, including vitamins and topical medications
  - o Immediate reporting of any medication errors to prescriber, resident, designated person, and PCA Supervisor
  - o Proper documentation in MAR and the Medication Error Log
- Training will be documented.

*Training Completion Date: January 9, 2026*

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*4. Monitoring for Ongoing Compliance (Revised)*

- All missed medication doses will be faxed to the prescriber immediately after each missed dose.
- The resident's family or designated person will be notified of any missed doses.
- If a medication is missed for more than 48 hours, a written report will be prepared and sent to the state within 24 hours of the last missed dose, in accordance with regulatory requirements.
- All communication with the prescriber regarding missed doses, clarifications, or corrections will be documented in writing and maintained in the resident's file.
- Administrator or designee will conduct weekly audits of MARs, Medication Error Logs, and prescriber communications for 90 days, then monthly thereafter, to ensure:
  - o All missed doses are reported to the prescriber and family
  - o Any extended missed doses (>48 hours) are reported to the state timely
  - o Documentation is complete and maintained in the resident's file

188b Medication Error Reporting (continued)

- Any PCA failing to follow this protocol will receive immediate retraining and corrective action.

5. Person Responsible

PCA Supervisor [REDACTED]

6. Date of Full Compliance

Date: January 9, 2026

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/14/2026)