



Pennsylvania Department of Human Services

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MARCH 13, 2026

[REDACTED]
Partner
Abode Care of Allentown LLC

RE: Abode Care of Allentown
2232 29th Street SW
Allentown, Pennsylvania 18103
License # 230391

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on November 4, 2025, December 10, 2025, December 11, 2025, December 12, 2025, and January 22, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (LICENSE NO 230390) dated December 9, 2025 to December 9, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from MARCH 13, 2026 to SEPTEMBER 13, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *ABODE CARE OF ALLENTOWN* License #: *23039* License Expiration: *12/09/2026*
Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ABODE CARE OF ALLENTOWN LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *08/04/2019* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *12/11/2025*

Inspection Dates and Department Representative

12/10/2025 On Site: [REDACTED]
12/11/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *93*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *91*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

12/10/2025 - Full

Lead Inspector: *Jennie Heinberg* Follow Up Type: *POC Submission* Follow Up Date: *01/08/2026*

01/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/19/2026

02/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 10:27a.m. the laptop on the medication cart in the 300 wing of the home was unlocked and unattended. The screen of the open laptop displayed resident information which could be viewed by residents and visitors of the home.

Plan of Correction

Accept [REDACTED] 01/12/2026)

On 12/11/2025 computer was immediately shut by Staff member While inspector on site. on 12/13/2025 Executive Director reviewed Resident record Confidentially regulation 2600.17 with all staff. On 12/13/2025 Medication Technician responsible for leaving the laptop unattended and open was issued corrective action. This violation will be reviewed at the quarterly quality plan meeting schedule for 01/16/26. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/23/2026)

51 - Criminal Background Check

2. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A hired on [REDACTED] Pennsylvania State Police Criminal Background Check was requested on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/15/2025 Regional Executive Director reviewed Back ground check policy with Executive Director. For on going compliancy Executive Director will review staff hiring packet prior to their start date to confirm Back ground check was ran. 12/19/2025 Employee File audit completed. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] - 01/23/2026)

54a - Direct Care Staff

3. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

54a - Direct Care Staff (continued)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A does not have a valid high school diploma or GED. Staff person A completed high school in a country that is not a US territory. The home has not obtained a waiver for the diploma.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/13/2025 staff member was immediately removed from the schedule. On 12/15/2025 Regional Director reviewed hiring policy and violation with Executive Director and provided training. Executive Director will review all new hire files prior to staff member start date. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] - 01/23/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:35 a.m. the bottom of the freezer located in Memory Lane was observed to be coated in a pink, sticky substance.

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/10/25 the spill was immediately cleaned by housekeeping staff while inspector was on site. On 12/15/2025 after root cause analysis it was determined by the Administrator that this Refrigerator was ancillary not necessary to normal operations and therefore, it was removed by the Maintenance Director. Additionally, all staff were educated on regulation 2600.85 on 12/16/2025 by the Administrator. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] 01/23/2026)

91 - Telephone Numbers

5. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On [REDACTED] at approximately 9:25 a.m. there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone located near room [REDACTED]

Plan of Correction

Accept [REDACTED] 01/12/2026)

On 12/10/2025 Phone numbers were immediately replaced in this area. On 12/16/2025 Executive Director has updated the daily building walk through sheet to add this to be checked moving forward for compliancy by our

91 - Telephone Numbers (continued)

maintenance director or designee. On 12/16/2025 all staff were trained to check for compliancy needs in building and resident accommodation Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented (redacted) - 01/23/2026)

101j7 - Lighting/Operable Lamp

7. 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

On (redacted) at approximately 11:30 a.m. Resident (redacted) did not have access to a source of light that can be turned on/off at bedside as the resident's lamp was not plugged into a power source.

Plan of Correction

Accept (redacted) - 01/12/2026)

On 12/11/2025 staff immediately plugged in lamp while inspector was present. On 12/16/2025 Executive Director conducted an all staff training to review the needs in each resident apartment. On 12/16/2025 we conducted and inspection of occupied resident apartments to ensure compliancy. To ensure on going compliance we will review this at our quarterly quality meeting on 1/16/2026. Training records will be kept in the administrator's office in accordance with 2600.65

Licensee's Proposed Overall Completion Date: 01/16/2026

Not Implemented (redacted) - 02/12/2026)

103e - Left Overs

8. Requirements

2600.

103e Left Overs (continued)

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

On [redacted] at approximately 9:33 a.m. there was an unlabeled and undated plastic container containing what resembled leftover potatoes in the refrigerator in the Memory Lane section of the home.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/12/2026)

On 12/10/25 the container was immediately removed while inspector was on site. On 12/15/2025 after root cause analysis it was determined by the Administrator that this Refrigerator was ancillary not necessary to normal operations and therefore, it was removed by the Maintenance Director. Additionally, all staff were educated on regulation 2600.85 on 12/16/2025 by the Administrator. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/08/2026

Not Implemented [redacted] - 02/12/2026)

141a 1-10 Medical Evaluation Information

9. Requirements

2600.

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

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

Description of Violation

The medical evaluation for Resident [redacted] dated [redacted] did not include the resident's weight.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/12/2026)

On 12/11/2025 Weight was immediately updated and provided for inspector. On 12/16/2025 Executive Director conducted a training for Assistant director of wellness and marketing director to review the needed information on a DME. As of 12/16/2025 Executive Director or designee will confirm weight is added upon admission of resident to be reflected on forms. With the use of Tabula Pro EHR an added weight upon admission will automatically be filled in on the DME to ensure on going compliancy

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [redacted] - 01/23/2026)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Resident [redacted] medical evaluation dated [redacted] does not include if the resident can or cannot self-administer medication.

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 01/12/2026)

On 12/11/2025 Resident [redacted] DME was immediately updated to reflect if the resident can or cannot self administer medications. Community implemented the use of EHR system tabula pro that will track current and needed forms for community to maintain compliancy. Director of wellness or designee will be responsible to run report and check forms due weekly to maintain compliancy within the community.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [redacted] - 01/23/2026)

182c - Medication Administration

11. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident [redacted] has an order for [redacted] capsules to be administered every morning. As per interviews with staff and the resident's current support plan, all medications are administered by staff. On [redacted] at approximately 10:52 a.m., 3 doses of [redacted] from unknown dates were observed in a cup on a table in the resident's room. Staff did not verify the prescribed medication was taken by the resident prior to documenting that the medication was administered.

Plan of Correction

Accept [redacted] 01/12/2026)

On 12/11/2025 medication were immediately removed from resident apartment and inspector was notified . On 12/16/2025 Executive Director conducted a training with med techs to review proper medication administration and the steps that need to be followed. This training also served as final counseling documentation for med techs. On 12/16/2025 the remaining staff were trained on the proper administration of medications and what to do if medication is found in a resident apartment.

Licensee's Proposed Overall Completion Date: 01/08/2026

182c - Medication Administration (continued)

Implemented [REDACTED] - 01/23/2026)

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

On [REDACTED] at 10:52 a.m. 3 pills in a cup identified as [REDACTED] were found on a table in resident [REDACTED] room and a box of Culturelle was found on the table. At 10:55 a.m. 2 boxes of [REDACTED] were found in the resident's bathroom. The resident is not assessed to self-administer medication.

On [REDACTED] 10:23 a.m., Resident [REDACTED] prescribed anti-dandruff shampoo 1% was found in room [REDACTED] unlocked and accessible.

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/11/2025 medication was immediately removed from each resident apartment and inspector was notified. On 12/12/2025 Executive director and Assistant Director of wellness conduct inspections of each resident apartment to identify any items that may not be in resident accommodation without proper documentation or storage. On 12/16/2025 staff were trained on 2600 183 and reporting if any items are found in resident apartment. On 12/15/2025 a notice was sent to all families and loved ones to remind them that they can not purchase medications and bring them into the community for a resident. On 12/23/2025 Directors reviewed policy and procedure with residents during resident counsel meeting regarding 2600.183.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] - 01/23/2026)

183e - Storing Medications

13. 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] at 10:28 a.m., a loose white circular pill fell out from the medication cart located in Memory Lane.

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/11/2025 Med techs that were on shift were tasked with cleaning of each med cart. On 12/15/2025 Med Techs were retrained by Assistant Director of Wellness on the proper steps of medication administration

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] 01/23/2026)

184b - Labeling OTC/CAM

14. Requirements

184b - Labeling OTC/CAM (continued)

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] at 10:30 a.m., memory lane medication cart had a prescribed [redacted] not labeled with the resident's name.

On [redacted] at 10:58 a.m., the 400s medication cart had four unlabeled over-the-counter medications of [redacted]

On [redacted] at 11:19 a.m., in the 500s medication cart was an unlabeled [redacted] bottle.

Plan of Correction

Accepted [redacted] - 01/12/2026

On 12/11/2025 Medication was immediately removed from med cart while inspector was in the building. On 12/15/2025 Executive Director completed cart audits and removed any unlabeled medication. On 12/15/2025 Med Techs were retrained by Assistant Director of Wellness on proper labeling and storage of resident medication. For on going compliancy Monthly cart audits will be scheduled for 01/15/2026 with providing pharmacy to check for compliancy moving forward. Training records will be kept in the administrator's office in accordance with 2600.65.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 01/23/2026

185a - Implement Storage Procedures

15. 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

Resident [redacted] is prescribed [redacted] and [redacted] tab as needed. On [redacted] the medications were not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted] the medication was not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted] the medication was not available in the home.

On [redacted], Resident [redacted] glucometer device was not in good repair and unable to retain memory from the days prior to [redacted].

On [redacted] at 4:38 a.m., Resident [redacted]'s glucometer had a blood sugar reading of [redacted] however, this reading was not noted on the medication administration record.

Repeat Violation: [redacted]

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/11/2025 Assistant Director of wellness replaced all missing medication in the med carts. On 12/11/2025 a new Glucometer was provided for the resident immediately. On 12/15/2025 Executive Director completed a cart audit on all med carts to check for compliancy. On 12/15/2025 Assistant Director of Wellness added the correct Blood sugar to a note on the EMAR/EHR. Director of Wellness or Designee will complete Glucometer audit weekly for a month , then monthly moving forward to confirm equipment is in working condition and documentation on EMAR is correct.

Licensee's Proposed Overall Completion Date: 01/08/2026

Not Implemented [REDACTED] - 01/23/2026)

251c - Standardized Forms

16. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction

Accept [REDACTED] - 01/12/2026)

On 12/11/25 DME was corrected and submitted to Licenseing rep. Beginning 12/19/2025 Assistant Director of Wellness and Executive director completed an audit to confirm that the new updated form was being completed for all current residents and new admissions. For compliancy moving forward Form will be printed from tabula and supplied to Doctors for completion.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented [REDACTED] - 01/23/2026)

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

Facility Information

Name: *ABODE CARE OF ALLENTOWN* License #: *23039* License Expiration: *12/09/2025*
 Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ABODE CARE OF ALLENTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *08/04/2019* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/04/2025*

Inspection Dates and Department Representative

11/04/2025 On Site: [REDACTED]
 12/12/2025 Off Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *92*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

11/04/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/03/2026*

01/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/14/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

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] resident [redacted] had a fall complaining of pain in lower extremities that required the resident to be sent out for emergency care. The resident was admitted to the hospital for further treatment. The home did not report this incident to the department until [redacted]

Plan of Correction

Accept [redacted] 01/12/2026)

On 11/04/25, The executive Director submitted the incident report to the department. On 11-05-2025 the Executive Director reviewed 2600.16c regulation and community Policy and Procedure for incident reporting and revised for timeline and accountability. On 11-05-2025 the Executive Director held a training with all staff on regulation 2600.16 and the incident report policy and procedure to ensure that all reportable incidents are sent to the department in accordance with 260016c.

Licensee's Proposed Overall Completion Date: 01/03/2026

Implemented [redacted] 01/23/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for resident [redacted] indicates the resident requires assistance with occasionally incontinent of bowl and bladder. On [redacted] at 7:15 A.M. the resident was soiled and complaining of pain in lower extremities. The resident was sent out by EMS for emergency care. Upon arrival at the hospital the resident was found to have a [redacted], and [redacted] Upon intake, it was reported the resident was saturated by what appeared to be days of urine and stool.

Plan of Correction

Accept [redacted] - 01/12/2026)

At this time resident has not yet returned to the community. Once resident has returned from the community Director of Wellness or designee will review the need of the resident and update the support plan to meet those needs. As of 11/04/2025 Assistant Director of wellness and Executive director have revised and completed and audit of all Care cards for any incontinent resident to confirm we are meeting their needs. All care cards were updated we have also update support plans for these residents as well. Once resident returns to community care plan and toileting log will be updated an put in place and reviewed with all staff.

Licensee's Proposed Overall Completion Date: 01/03/2026

Not Implemented [redacted] - 01/23/2026)

42b - Abuse

3. Requirements

2600.

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

Description of Violation

On [redacted] at 7:15 A.M. staff discovered resident [redacted] on the floor of the resident's room after a fall. The resident was soiled and complaining of pain in lower extremities. The resident was sent out by EMS for emergency care. Upon arrival at the hospital the resident was found to have a [redacted], and [redacted]. Upon intake, it was reported the resident was saturated by what appeared to be days of urine and stool. The resident also had pressure wounds covering the resident's bottom and private area. Resident [redacted] medical records indicate a significant deep tissue injury to the [redacted], and [redacted] areas along with likely [redacted]. The pressure injury [redacted] - active wound Length 39cm wound width 35cm wound Depth 0.1 cm, the pressure injury [redacted] right active - wound length 0.5 cm wound with 2.2 cm wound depth, the pressure wound [redacted] right active - wound Length 0.7 cm wound width 0.7 cm wound, pressure injury [redacted] left - wound Length 1cm wound Width 6 cm wound depth, [redacted] active - wound Length 15 cm wound width 18 cm, wound Depth 0.1 cm, and the pressure injury thigh left proximal posterior active -Wound Length 7 cm wound with 24 cm wound depth 0.1 cm. The resident alleged not being checked on during the night and sleeping in a wheelchair all night. The Resident's Assessment and Support Plan dated [redacted] indicates the resident's service need is occasionally incontinent of bowl and bladder. The plan for the service need is staff will aid with each incontinent episode. The resident's medication administration record (MAR) documents the staff will check on the resident five times a day at 1:00 A.M., 7:00 A.M., 11:00 A.M., 4:00 P.M. and 8:00 PM due to incontinence. A review of the resident [redacted] MAR indicates by staff initials that these checks did occur. However, it was found the staff initials on the MAR are initialed by staff who were not in the building at that time when compared to the staff schedule and staff interviews for the following times: [redacted] at 1:00 A.M. and 7:00 A.M., [redacted] at 1:00 A.M., 7:00 A.M., 4:00 P.M., and 8:00 P.M. and [redacted] at 1:00 A.M.

Plan of Correction

Accept [redacted] - 01/12/2026)

On 10-29-2025 Assistant Director of Wellness and Executive Director interviewed staff and conducted an investigation with the staff that were on duty the day prior to the incident and the night that the incident happened. All staff that were responsible to care for this resident were identified and given a final warning in writing for lack of care to be provided for resident. On 10-29-2025 Executive Director ADOW and CRNP conducted a training to review P&P for skin assessment and skin check form as well as a review of Abuse training and reporting requirements. Beginning on 10-30-2025 Every resident in the community had a skin assessment conducted by ADOW/ED to confirm any other areas of concern with residents, Following completion of skin check assessment's all documents were then filed in each resident chart. Upon move in or return from rehab each resident will have a skin check performed by DOW/ADOW to confirm needed care and or services. While providing daily care or showers staff have been trained to report any areas of concern to Medication techs ,ADOW, or DOW immediately. On 10-31-2025 ED provided a training with all staff to review proper abuse reporting within the community.

Licensee's Proposed Overall Completion Date: 01/03/2026

Not Implemented [redacted] - 01/23/2026)