

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

March 30, 2026

[REDACTED]  
NATIONAL HEALTH MANAGEMENT LLC  
[REDACTED]  
[REDACTED]

RE: INDEPENDENCE COURT OF  
QUAKERTOWN  
1660 PARK AVENUE  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12703

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/22/2025 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: INDEPENDENCE COURT OF QUAKERTOWN License #: 12703 License Expiration: 02/20/2026  
 Address: 1660 PARK AVENUE, QUAKERTOWN, PA 18951  
 County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: NATIONAL HEALTH MANAGEMENT LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/13/1988 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 94 Waking Staff: 71

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 12/22/2025

**Inspection Dates and Department Representative**

12/22/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 120 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 8  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 44 Have Physical Disability: 2

**Inspections / Reviews**

12/22/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2026

02/27/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/23/2026  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

03/30/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

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 copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place.

Plan of Correction

Accept [REDACTED] - 01/29/2026)

See attached. We respectfully request this violation should be removed. On 12/22/25, administrator did personally show the surveyor the location of the required books during the survey. They are on the left side of the sales/marketing office. Moving forward and ongoing, the administrator or designee will be responsible to ensure books are in a conspicuous and public place.

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

Implemented [REDACTED] - 03/30/2026)

25a Written Contract and Review

2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

On [REDACTED], the home did not have resident-home contract for resident [REDACTED] admitted [REDACTED]

Plan of Correction

Accept (SW - 01/29/2026)

It was identified that resident [REDACTED]'s contract was not present in the file due to the prior management company misplacing the document before the transition of ownership. Our company assumed operations 7/1/25. Resident [REDACTED] and [REDACTED] POA did sign a current contract on 1/20/26. Our business office director did a comprehensive audit of all resident files and it was confirmed that all current residents now have a signed and completed contract on file. Our sales director is responsible for obtaining and verifying all required paperwork prior to any resident moving into the community. This practice will be completed with the resident and the POA on the day of or prior to move in. The sales director will review all paperwork for completeness and release required documents to both the nursing office--DOW--and the business office director. Business office director will review prior to placing contract in the file cabinet. The administrator or designee will spot check randomly to ensure compliance is met with this regulation.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] - 03/30/2026)

25c2 Fee Schedule

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract does not include a full list of personal care services. Resident [REDACTED]'s contract, signed

25c2 Fee Schedule (continued)

██████████ indicates that resident ██████████ pays a monthly rate for "room/board and services listed in this agreement, as needed." There is a list of services covered for this rate, including "some assistance with medication." However, the residents are paying additional fees which are not itemized. The contract states: "Additional charges are determined with the use of a resident skills and needs assessment and would add ██████████ per month for a Level I determination, ██████████ per month for a Level II determination, ██████████ per month for a Level III determination and ██████████ per month for a Level IV determination, ██████████ for a Level V determination."

Resident ██████████ is paying for what the contract calls "Level I" care. The contract does not explain the determination criteria nor the extra services delivered at any of the various levels. It also states, "Beauty Shop prices are attached," but there is no such attachment.

**Plan of Correction**

Accept ██████████ - 01/29/2026)

See attached. The community has updated its resident's contracts to include all additional attachments and clearly outline any scheduled fee based services. These updates ensure transparency and full disclosure of services and associated costs. Going forward, the sales director will be responsible to review and have all required paperwork included in the contract reviewed and signed by the families, and/or prospective resident upon admission. All contracts will be reviewed for completeness prior to execution by the sales director. The sales director is responsible to give the required paperwork to the business office manager and nursing department for a careful review prior to the placement in files or charts. The RCC will audit the nursing paperwork prior to placing in the resident's chart. The DOW will audit the chart prior to placing on the shelf. The business office director will audit the admission paperwork prior to placing the file in the cabinet. Random audits will be conducted by the Administrator and the Human Resource Manager to ensure this regulation is met. Resident ██████████ has signed a copy of the additional charges on 1/19/26 in Attachment A and it is placed in ██████████ file.

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented ██████████ - 03/30/2026)

41e - Signed Statement

**4. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident ██████████ record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

Accept ██████████ 01/29/2026)

See attached. Resident ██████████ has signed their resident rights and complaint procedures, which were reviewed in detail with the administrator to ensure understanding 12/23/25. Moving forward, the sales director will be responsible for verifying that all required paperwork, including Resident Rights and Complaint Procedures, are completed and signed when the contract is signed with family and incoming resident. It will be the responsibility of the Sales director to forward all completed, signed, and required paperwork to both the business office for their file as well as nursing for their chart. The business office director will review all paperwork to ensure completion prior to placing file in cabinet. The RCC and DOW will review all required nursing forms to ensure completion prior to placing resident chart on shelf. Random chart and file audits will be performed by the Human Resource director and Administrator respectively to ensure ongoing compliance with this regulation.

41e - Signed Statement (*continued*)

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 03/30/2026)

## 65e - 12 Hours Annual Training

## 5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

**Description of Violation**

*Direct care staff person A received two hours of annual training during the training year of 2024, and direct care staff person B received zero hours of required annual training in 2024.*

**Plan of Correction**

Accept [REDACTED] - 01/29/2026)

*At the time of the survey, documentation reflecting the required 12 hours of annual job-related training for some staff was unavailable due to a change in ownership on July 01, 2025, of which the previous company did not provide any training records. The employees also did not have access to their Relias trainings as the company closed the account and records were unavailable to the staff. Our company has implemented a process to ensure all staff complete the required annual training hours related to their job duties. Staff are mandated to attend a monthly meeting for the required trainings every second Wednesday of the month. For those who cannot attend, a make up in service is provided. We also provide an annual makeup session as a secondary alternative, in order to ensure all staff are complete and up to date on trainings for the year. A roster is kept each month, and a reminder is sent to those who were unable to attend. It will be the responsibility of the administrator and/or human resource director to maintain all annual training records to ensure compliance is met with this regulation.*

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

Implemented [REDACTED] - 03/30/2026)

## 65f - Training Topics

## 6. Requirements

2600.

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

1. Medication self-administration training.
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 persons A and B did not receive training in any of the required topics during training year 2024.*

**Plan of Correction**

Accept [REDACTED] - 01/29/2026)

*At the time of the survey, documentation reflecting the required 12 hours of annual job-related training for some staff was unavailable due to a change in ownership on July 01, 2025, of which the previous company did not*

65f - Training Topics (continued)

provide any training records. The employees also did not have access to their Relias trainings as the company closed the account and records were unavailable to the staff. On January 1, 2026, our company has established and maintains a comprehensive annual training plan. Completed at the beginning of each year, this plan includes all required training topics in accordance with DHS regulations. It also ensures that employees receive all mandated education throughout the year related to their job duties. Training completion is documented and monitored by the administrator and/or human resource director to maintain ongoing compliance with all DHS training requirements.

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

Implemented [redacted] - 03/30/2026)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

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

Direct care staff persons A and B did not receive training in any of the areas during training year 2024.

Plan of Correction

Accept [redacted] - 01/29/2026)

See attached. At the time of the survey, documentation reflecting the required 12 hours of annual job-related training for some staff was unavailable due to a change in ownership on July 01, 2025, of which the previous company did not provide any training records. The employees also did not have access to their Relias trainings as the company closed the account and records were unavailable to the staff. Our company maintains an annual training content as required by the DHS regulations. This ensures that all mandated training is available and provided to staff as required. Moving forward our company will continue to follow and comply with this regulation in order to maintain compliance. It will be the responsibility of the administrator or the human resource director to maintain the training topics as required.

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

Implemented [redacted] - 03/30/2026)

88a - Surfaces

8. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 10:11 am, there were two circular blotches of white paint, several inches tall and wide, on the beige wall in the hallway to the right of room [redacted]. About a foot to the right of the blotches, a piece of wall about two inches wide was missing under a picture of an ostrich, exposing the brown surface behind the wall. There were two more

88a - Surfaces (continued)

white paint blotches under an exit sign on the wall of the rear north stairwell.

Plan of Correction

Accept (████) - 01/29/2026)

See attached. On 12/29/25, Maintenance director and assistant walked the entire community looking for surfaces not in good repair. The maintenance director holds the ultimate responsibility for monitoring and addressing any identified concerns promptly. Education and training regarding environmental safety and reporting maintenance issues were addressed at the mandatory all staff meeting on 1/14/26. Each staff member will be responsible to alert the maintenance staff of any imperfections as they are found. Ongoing monitoring will occur to ensure continued compliance with safety standards. Thorough walkthroughs will continue daily by all staff. On 1/16/26, our construction company and designer will be here to also address any imperfections, and these will be addressed as necessary.

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

Implemented (████) - 03/30/2026)

103g - Storing Food

9. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On (████) at 9:55 am, in the main kitchen refrigerator, a metal pan containing lettuce, tomato, and onion was partially exposed as the wrapping covering it had slipped. Directly to the left, a pan full of bacon was also exposed as the foil placed over it was punctured.

Plan of Correction

Accept (████) - 01/29/2026)

See attached. On 12/22/25, the dietary director had ordered appropriate lids and sealed food grade containers. All food items will be transferred into these containers, labeled and dated, and stored properly in the refrigerator. This will ensure food packaging remains intact, prevent punctures or exposure, and maintain safe food storage practices moving forward. It will be the responsibility of the staff who are placing food items in the refrigerator to ensure compliance. The cook will check after each shift that food is properly covered on a daily basis. Dietary director will also spot check to ensure compliance remains. Dietary director held an in-service regarding this regulation with (████) staff on 12/23/25.

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

Implemented (████) - 03/30/2026)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include the resident's health status or cognitive functioning.

Plan of Correction

Directed ([REDACTED] - 01/29/2026)

Due to a change in ownership {7/1/25}, we were not present when this medical evaluation was performed or given to previous staff. As part of our ongoing compliance and is our practice, we review immediately upon receipt and prior to being placed in a resident's chart to ensure accuracy and completeness. This review is performed by our DOW and includes verification that all sections are fully completed, dated correctly, and reflect a full evaluation period. Any missing or incomplete information will be returned to the provider by the RCC or DOW for correction before filing. Going forward, our DOW is responsible to review and place all completed paperwork in the charts. The administrator or designee will be responsible to spot check charts randomly for compliance with this regulation.

Proposed Overall Completion Date: 01/20/2026

Directed Plan of Correction ([REDACTED] 1/29/26:)

1. In addition to the plan of correction steps submitted the DOW will update resident [REDACTED]'s medical evaluation within the next 30 days.

Directed Completion Date: 01/20/2026

Implemented ([REDACTED] 03/30/2026)

141b1 - Annual Medical Evaluation

12. 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]

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. However, resident [REDACTED]'s previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/29/2026)

The annual medical evaluations for the two identified residents have been completed and placed in their respective medical records. A thorough review was performed on 1/9/26 of all resident charts by the RDO, RCC, and ADMINISTRATOR to ensure compliance with annual medical evaluation requirements. To prevent recurrence, a

**141b1 Annual Medical Evaluation (continued)**

*tickler system has been implemented within the POINTCLICKCARE system to track due dates for annual medical evaluations. The DOW is responsible for monitoring the system one month ahead and ensuring timely completion and documentation of all required evaluations moving forward. The RCC will be responsible to place completed evaluations in each resident's chart by keeping a secondary tracking system. Compliance will be maintained through routine audits of resident records by the RCC and DOW. The administrator will spot check both PCC and the resident charts to ensure adherence.*

**Licensee's Proposed Overall Completion Date: 01/19/2026**

**Implemented (████) - 03/30/2026)**

**171b5 - First Aid Kit****13. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*On █████ at 10:21 am, the first aid kit in the bus used to transport residents did not include eye coverings and a thermometer..*

**Plan of Correction**

**Accept (████) - 01/29/2026)**

*On 1/16/26, this administrator reviewed the applicable regulations, made copies, and placed on top of each first aid kit for easy reference. This administrator also sorted through each first aid kit to ensure all required items were present and in compliance with regulatory compliance. Once verified, the first aid kits were placed back into the facility vehicles. Going forward, it will be the responsibility of the maintenance director and/or the driver to alert the administrator if any items have been removed, used, or need to be replaced. The administrator will ensure that the kits have the necessary items replaced. Administrator will also check the first aid kits in the vehicles quarterly to ensure kits are fully stocked and compliant and all dates are in compliance and not expired.*

**Licensee's Proposed Overall Completion Date: 01/19/2026**

**Implemented (████) - 03/30/2026)**

**184a - Resident's Meds Labeled****14. Requirements**

2600.

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

**Description of Violation**

*The pharmacy label for resident █████ s █████ instructs, "Apply to hair topically every day shift every Wednesday, Saturday." However, the label on another bottle of the same shampoo on the same cart said to apply to resident █████ scalp Mondays and Fridays, while the resident's medication administration record indicates the shampoo is to be applied on Tuesday and Saturday evenings. There were no change of instruction stickers on either bottle.*

**Plan of Correction**

**Accept (████) - 01/29/2026)**

*It was identified that a resident's shampoo container contained inconsistent labeling and did not reflect the original prescriber instructions. This occurred following the resident's return from the hospital with updated labeling. Upon*

184a - Resident's Meds Labeled (continued)

discovery, the prescriber was immediately contacted to verify the correct instructions. The prescriber stated no ill effects from receiving the shampoo during the days versus evenings. Once confirmed, a change-of-direction label was applied to the container to ensure accuracy and clarity. Moving forward, all hospital prescriber orders including personal care and treatment products will be reviewed and verified against current physician orders prior to use. The DOW or RCC will be responsible to verify orders are complete and accurate and will send the correct orders to the pharmacy for profile. The DOW is responsible to monitor this process to ensure compliance. The orders will not be placed in the residents cart bins until verified and medication is received. Medication technicians will be responsible to be sure the MAR matches the medication received prior to giving to the resident. Any inconsistencies will be brought to the RCC or DOW for verification. Medication audits are conducted on Tuesday and Thursday by the med techs and the RCC does a complete weekly audit.

Licensee's Proposed Overall Completion Date: 01/21/2026

Implemented [redacted] - 03/30/2026)

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 one [redacted] capsule every six hours as needed. On [redacted], the medication was not available in the home.

Resident [redacted] [redacted] was set 12 hours slow. Resident [redacted] received a blood-sugar reading of [redacted] at 6:47 am on [redacted], but the reading was recorded in the glucometer's history as occurring on [redacted] at 6:47 pm.

Plan of Correction

Directed [redacted] - 01/29/2026)

See attached. On 1/14/26, This administrator held a mandatory meeting reviewing the nursing violations with the staff. On 12/23/25, the RCC had completed a cart audit and immediately ordered the PRN medication for resident # 4. All carts will be audited on Tuesday and Thursday by dayshift and RCC will audit weekly. RCC will be responsible to be on a medication cart twice weekly and do a thorough audit. All expired or missing medication will be sent to the pharmacy upon review of the audit to ensure all prescribed medication is available going forward. Once medication is received, audit sheets will be kept in a binder for DOW to review and spot check carts for accuracy. When it was identified that the glucometer was set behind 12 hours, the history was reviewed and the device was immediately corrected to reflect the accurate time. Also at that same time, all glucometers were reviewed to ensure there were no others with incorrect timing. No other issues were noted. If a medication technician identifies that a glucometer is malfunctioning, [redacted] will immediately notify the RCC or DOW. The RCC or DOW will reset the device or order a replacement as needed. Ongoing compliance will be monitored and the responsibility of the DOW

Proposed Overall Completion Date: 01/22/2026

Directed Plan of Correction [redacted] 1/29/26):

- 1. In addition to the steps noted in the submitted plan of correction, the RCC or DOW will conduct training to all clinical and med tech staff on the importance of maintaining prescribed medications and how to correctly identify when a glucometer is not calibrated correctly within the next 15 days.
- 2. Documentation of the training will be maintained will be maintained for the Departments review.

185a - Implement Storage Procedures (continued)

Directed Completion Date: 01/22/2026

Implemented ( ) - 03/30/2026

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident ( ) is prescribed a ( ) with instructions to apply every morning. However, resident ( ) was administered a ( ) twice daily from ( ) to ( )

Plan of Correction

Directed ( ) - 01/29/2026

The resident's medication regimen was reviewed, and upon identification of the concern, the prescriber was immediately contacted. At that time, the physician discontinued the medication. ( ) also stated the way it had been given had no ill effects. However, as part of our plan of correction and meeting the required regulation, our Medication Technicians will follow prescriber's orders. To prevent recurrence, the community will ensure that all physician orders are reviewed promptly, medication administration records are checked for accuracy by our RCC, and medications carts are audited on Tuesdays and Thursday by our med techs. In addition, pharmacy reviews will be conducted to verify that all medications and orders are current and consistent with physician instruction. Moving forward, our RCC will review all medication orders in our PCC system and do cart audits twice a week as well when ( ) is on the medication cart. The DOW will be responsible to review audits and keep such paperwork in a binder in ( ) office. The DOW will spot check carts randomly for compliance. The pharmacy will check for accuracy when the refill is done monthly.

Proposed Overall Completion Date: 01/20/2026

Directed Plan of Correction ( ) 1/29/26):

- 1. In addition to the steps noted in the submitted plan of correction, the RCC or DOW will conduct training to all clinical and med tech staff on the importance of contacting the resident's physicians when the order is not followed as written within the next 15 days.
- 2. Documentation of the training will be maintained will be maintained for the Departments review.

Directed Completion Date: 01/20/2026

Implemented ( ) - 03/30/2026

191 - Resident Right to Refuse

17. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident ( ) was admitted ( ). The home does not have documentation that the resident was educated on the right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept [redacted] - 01/29/2026)

See attached. {12/23/25} As part of the plan of correction, this administrator personally reviewed the resident's rights with the resident, including the right to refuse medication and ensured the resident signed the Resident's Right page acknowledging understanding. The signed signature page was promptly placed into the resident's file and secured in the business office. This action ensures documentation and compliance with the requirements. Moving forward, the sales director will ensure compliance while the family and/or potential resident signs the contract and required paperwork upon admission. The paperwork will then be placed in the residents file in the business office. It will be the responsibility of the business office director to review file prior to placing in the cabinet. Audits will be performed randomly by the Human Resource Manager.

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [redacted] - 03/30/2026)

225c - Additional Assessment

18. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted]'s most recent assessment was completed on [redacted]. Resident [redacted]'s most recent assessment was completed on [redacted]

Plan of Correction

Directed [redacted] - 01/29/2026)

Due to the change in ownership, some assessments may not have been completed or maintained by the prior company, and the current company was not in operation at the community in 2024. Upon review, our company has audited all resident charts on 12/23/25--and completed all missing information or additional assessments to ensure compliance with regulatory requirements. Going forward procedures--ticklers--are in place to ensure all assessments are completed timely and maintained in accordance with regulations. It will be the responsibility of the RCC to ensure this practice is maintained. The DOW will also ensure the tickler system in place is in compliance by spot checking and reviewing our Point Click Care nursing system. This system alerts the RCC and DOW when assessments are due.

Proposed Overall Completion Date: 01/16/2026

Directed Plan of Correction [redacted] 1/29/26):

- 1. In addition to the plan of correction submitted the DOW will ensure an updated RASP is completed for residents [redacted] and #4 within the next 30 days.
- 2. Documentation will be maintained for the Departments review.

Directed Completion Date: 01/16/2026

Implemented [redacted] - 03/30/2026)