



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PENNWOOD NURSING AND REHABILITATION CENTER LLC**
LEGAL ENTITY

To operate **PENNWOOD NURSING AND REHABILITATION CENTER**
NAME OF FACILITY OR AGENCY

Located at **909 WEST STREET, PITTSBURGH, PA 15221**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **10**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 3, 2026** until **November 3, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450192**

[Signature]
ISSUING OFFICER

[Signature]
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 22, 2026

[REDACTED]
Pennwood Nursing and Rehabilitation Center LLC
[REDACTED]

RE: Pennwood Nursing and Rehabilitation
Center
License #: 450192

[REDACTED]:
As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 29, 2025, and January 9, 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 issues you a SECOND PROVISIONAL license (to operate the above facility). A SECOND 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); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from MAY 3, 2026 to NOVEMBER 3, 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
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Section:

60(a)	II	9	\$5	\$45	5 calendar days from mailing date of this letter
141(b)(1)	III	9	\$3	\$27	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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:

, Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Forum Place, 6th Floor
 PO Box 2675
 Harrisburg, PA 17105-2675


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:



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

Facility Information

Name: PENNWOOD NURSING AND REHABILITATION CENTER License #: 45019 License Expiration: 05/03/2026
Address: 909 WEST STREET, PITTSBURGH, PA 15221
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: PENNWOOD NURSING AND REHABILITATION CENTER LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 1 Date: 10/14/1992 Issued By: Department of Health

Staffing Hours

Resident Support Staff: 9 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Provisional Exit Conference Date: 01/14/2026

Inspection Dates and Department Representative

12/29/2025 On Site: [REDACTED]
01/09/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10 Residents Served: 9

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 3
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/29/2025 - Full

Lead Inspector: [REDACTED] Follow Up Type: Exception

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

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

On [redacted], the licensing inspection summaries, dated [redacted] et al. [redacted] and [redacted] were not posted in a conspicuous and public place in the home.

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction – The administrator will post the current license and current license inspection summaries conspicuously and submit photographic proof to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on §2600.3(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – A designated staff person will check the home weekly for compliance with §2600.3(c). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented [redacted] - 4/16/2026

16c - Written Incident Report

2. 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

Resident [redacted] ceased to breathe on the resident's date of death. The home did not report this incident to the Department.

From approximately 11:29 p.m. on [redacted] to approximately 7:09 a.m. on [redacted], the home was serving 9 residents and had no staff present in the home. This incident was not reported to the Department.

Repeat violation: [redacted]

16c Written Incident Report (continued)

Plan of Correction

Directed [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will submit, via e mail, a written incident report to the Department's personal care home regional office regarding resident [REDACTED]'s death and the conditions described in the violation regarding staffing on 12/1/25 and 12/2/25 [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.16(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator will evaluate the staff training curriculum for incident reporting, in accordance with §2600.65(b)(4), and will take remedial action to improve and make it more effective. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Not Implemented [REDACTED] 4/16/2026)

Directed Completion Date: 04/01/2026

17 - Record Confidentiality

3. 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 approximately 9:15 a.m., a binder containing confidential medical information for numerous residents, to include Resident [REDACTED] and Resident [REDACTED] was unattended and accessible on top of the desk in the nurse's station.

Plan of Correction

Directed [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will ensure the confidentiality of the residents' records described in the violation. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.17 by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction A designated staff person will check the home weekly for compliance with §2600.17. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality

17 - Record Confidentiality (continued)

management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented - 4/16/2026

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated , for resident was not signed by the home's administrator or designee.

The resident-home contract, dated for resident was not signed by the home's administrator or designee.

Plan of Correction

Directed - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction – The administrator will sign the residents’ contracts described in the violation. 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the contract process will be trained on §2600.25(b) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current contracts and ensure they're compliant. 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented - 4/16/2026

25c11 - List of Rates

5. Requirements

2600.

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

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident’s support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home contract, dated for does not include the monthly service fee, including resident room, meals and care.

The resident-home contract, dated for resident does not include the monthly service fee, including

25c11 List of Rates (continued)

resident room, meals and care.

Plan of Correction

Directed (████ - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will provide the residents, described in the violation, at least 30 days' advance notice, in writing, of the home's request to change the contract pursuant to §2600.25(c)(10) as the contracts will be updated in order to comply with §2600.25(c)(11). █████ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons involved in the contract process will be trained on §2600.25(c)(11) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. █████ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will review all current contracts and ensure they're compliant. █████ 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. █████ 3/12/2026

Not Implemented (████ - 4/16/2026)

Directed Completion Date: 04/01/2026

25c12 - Bed Hold

6. Requirements

2600.

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

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident home contract, dated █████ for resident █████ does not include the charges for holding a bed during an absence.

The resident home contract, dated █████, for resident █████ does not include the charges for holding a bed during an absence.

Plan of Correction

Directed (████ - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will provide the residents, described in the violation, at least 30 days' advance notice, in writing, of the home's request to change the contract pursuant to §2600.25(c)(10) as the contracts will be updated in order to comply with §2600.25(c)(12). █████ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons involved in the contract process will be trained on §2600.25(c)(12) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. █████ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will review all current contracts and ensure they're compliant. █████ 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality

25c12 - Bed Hold (continued)

management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. ■■■
3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented (■■■ - 4/16/2026)

42b - Abuse**7. 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 ■■■, at approximately 11:29 p.m., Staff Person A left the premises without any replacement staff coming in, and residents were left unattended until approximately 7:09 a.m. on ■■■. There were 9 residents present in the home, including residents with physician orders for pro re nata (PRN) medications and supervision needs.

Plan of Correction

Directed ■■■ - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will develop and implement scheduling protocols to ensure there is always adequate direct care staffing and that residents are not abandoned, deserted, neglected, abused, mistreated, etc. The protocols will ensure adherence to the following requirements:

- §2600.57(a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.
- §2600.60(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.
- §2600.61 When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in §2600.54 and §2600.65.
- At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. ■■■ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on the staffing protocols by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. ■■■ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will conduct at least weekly unannounced direct care staffing checks of the home's overnight shift for at least 3 months. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. ■■■ 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator will evaluate the staff training curriculum for resident rights, in accordance with §2600.65(b)(1) and §2600.65(g)(3), and will take remedial action to improve and make it more effective. ■■■ 3/12/2026

42b - Abuse (continued)

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

57a - Designee Present/Age

8. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [REDACTED] at approximately 11:29 p.m., Staff Person A left the premises without any replacement staff coming in, and residents were left unattended until approximately 7:09 a.m. on [REDACTED]. There were 9 residents present in the home, including residents with physician orders for pro re nata (PRN) medications and supervision needs.

Plan of Correction

Directed [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will develop and implement scheduling protocols to ensure there is always adequate direct care staffing and that residents are not abandoned, deserted, neglected, abused, mistreated, etc. The protocols will ensure adherence to the following requirements:

- *§2600.57(a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.*
- *§2600.60(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.*
- *§2600.61 When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in §2600.54 and §2600.65.*
- *At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. [REDACTED] 3/12/2026*

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on the staffing protocols by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will conduct at least weekly unannounced direct care staffing checks of the home's overnight shift for at least 3 months. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

57a Designee Present/Age (continued)

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

60a - Staff/Support Plan

9. 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

On numerous dates, there were periods of time where there was no staff person in the home who was qualified to pass medications, to include the following:

3 p.m. to 11 p.m. on [redacted]

3 p.m. to 11 p.m. on [redacted]

3 p.m. to 11 p.m. on [redacted]

Resident [redacted] and Resident [redacted] both have physician orders for PRN medications.

Repeat violation: [redacted]

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction The administrator will develop and implement scheduling protocols to ensure there is always adequate direct care staffing qualified and trained to administer medications. The protocols will ensure adherence to the following requirements:

- §2600.57(a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.
- §2600.60(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.
- §2600.61 When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in §2600.54 and §2600.65.
- At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on the staffing protocols by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will conduct at least weekly unannounced direct care staffing checks of the home's overnight shift for at least 3 months. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

63a First Aid/CPR Training

10. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From [REDACTED], there were 9 residents present in the home, requiring at least one staff person who is certified in first aid and CPR; however, during this time, there were no staff present in the home who were first aid/CPR certified.

Plan of Correction

Directed [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will develop and implement scheduling protocols to ensure there is always adequate direct care staffing trained in first aid and certified in obstructed airway techniques and CPR. The protocols will ensure adherence to the following requirements:

- §2600.57(a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.
- §2600.60(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.
- §2600.61 When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in §2600.54 and §2600.65.
- At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on the staffing protocols by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will conduct at least weekly unannounced direct care staffing checks of the home's overnight shift for at least 3 months. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

65d Initial Direct Care Training

11. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

65d Initial Direct Care Training (continued)

Description of Violation

Staff person B, hired on 7/25/25, provides unsupervised ADL services and did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Directed () - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction Staff person B will either successfully complete and pass the Department approved direct care training course and passing of the competency test or will no longer perform personal care services. () 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will check all direct care staff records to ensure they're all compliant with §2600.65(d)(2). () 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. () 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented () - 4/16/2026

65i - Training Record

12. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Orientation and initial training records for staff person B didn't include the date, length of the course, and the source.

Repeat violation () et al.

Plan of Correction

Directed () - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction The administrator will correct staff person B's orientation and initial training records to include the date, length of course, and the source. These corrected training records will be submitted for verification purposes to the Department. () 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will check all staff records to ensure they're all compliant with §2600.65(i). () 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a)

Directed Completion Date: 04/01/2026

Not Implemented () - 4/16/2026

88a - Surfaces

13. Requirements

2600.

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

88a Surfaces (continued)

Description of Violation

On [redacted], at approximately 12:25 p.m., the shower room toilet had a screw protruding approximately 1/2 inch, from the toilet base, that was uncovered, causing a safety hazard to residents.

On [redacted], at approximately 12:30 p.m., the toilet located in room [redacted] had a screw protruding approximately 1 inch from the toilet base, that was uncovered, causing a safety hazard to residents.

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction The administrator will ensure that a designated staff person takes remedial action to fix the safety hazards, as described in the violations, and submit photographic proof to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.88(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction A designated staff person will check the home weekly for compliance with §2600.88(a). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

89a - Water Pressure

14. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] at approximately 12:50 p.m., there is no water flow coming from the right hand side of the faucet, located at the bedside sink in resident room [redacted]

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction The administrator will ensure that a designated staff person takes remedial action to fix the sink/faucet, as described in the violation, and submit photographic proof to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.89(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction A designated staff person will check the home weekly

89a - Water Pressure (continued)

for compliance with §2600.89(a). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

92 - Windows

15. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On [REDACTED] at 1:38 p.m. there was no screen in the window, that was open approximately six inches, located in the TV resident gathering area of the home.

Repeat violation [REDACTED]

Plan of Correction

Directed ([REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will ensure that a designated staff person takes remedial action to fix the window/screen, as described in the violation, and submit photographic proof to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on §2600.92 by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – A designated staff person will check the home weekly for compliance with §2600.92. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

107c - Food/Water 3 Day Supply

16. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On [REDACTED] the home served nine residents, requiring 27 gallons of emergency drinking water. However, the home

107c Food/Water 3 Day Supply (continued)

did not have any emergency drinking water onsite. The home does not have a contract with a local bottled water supplier.

Plan of Correction**Directed** [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will ensure that a designated staff person takes remedial action to obtain at least a 3 day supply (3 gallons per resident) of drinking water for the residents, as described in the violation, and submit photographic or documentary (such as a receipt) proof to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.107(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction A designated staff person will check the home weekly for compliance with §2600.107(c). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented [REDACTED] - 4/16/2026)

127a - Portable Space Heaters**17. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On [REDACTED], at 12:24 p.m., a portable space heater was in use in resident bedroom [REDACTED]

Plan of Correction**Directed** [REDACTED] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will ensure that a designated staff person removes all portable space heaters from the home. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons will be trained on §2600.127(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction A designated staff person will check the home weekly for compliance with §2600.127(a). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

127a - Portable Space Heaters (continued)

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

132c - Fire Drill Records

18. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted from August to December of 2025, does not include the year.

Repeat violation: [redacted]

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction – The administrator will update the fire drill records from August – December 2025 to include the year. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in fire drill recordkeeping will be trained on §2600.132(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – A designated staff person will check the fire drill records monthly for compliance with §2600.132(c). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

141a 1-10 Medical Evaluation Information

19. 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]’s medical evaluation, dated [redacted] does not include the resident’s pulse rate, temperature and blood pressure.

Resident [redacted]’s medical evaluation, dated [redacted], does not include the resident’s diagnoses, temperature, cognitive functioning, height, weight, pulse rate or blood pressure.

Plan of Correction

Directed [redacted] - 03/12/2026)

Directed: Within 72 hours of receipt of the plan of correction – The administrator will ensure the medical professional who completed the evaluations for residents [redacted] and [redacted] as described in the violations, updates their documentation of medical evaluations. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the documentation of medical evaluation recordkeeping will be trained on §2600.141(a)(1) – (10) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all documentation of medical evaluations for completeness, timeliness and accuracy to ensure they’re compliant. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented [redacted] - 4/16/2026)

141b1 - Annual Medical Evaluation

20. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

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

Repeat violation: [redacted]

Plan of Correction

Directed ([redacted] - 03/12/2026)

Directed: Within 72 hours of receipt of the plan of correction – The administrator will develop a tracking system, which will include reminders, to ensure all annual medical evaluations are scheduled, completed and documented at least every 12 months. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the documentation of medical evaluation recordkeeping will be trained on §2600.141(b)(1) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current documentation of medical evaluations for completeness, timeliness and accuracy to ensure they're compliant. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

162c - Menus Posted

21. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [redacted] at approximately 9:40 a.m. the home's menu for the week of [redacted]. However, there was no menu posted for the week in advance.

Repeat violation: [redacted] et al.,

Plan of Correction

Directed ([redacted] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will post menus, stating the specific food being served at each meal, conspicuously for the current and following weeks, and submit photographic proof to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons will be trained on §2600.162(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

162c - Menus Posted (continued)

Directed: Within 10 days of receipt of the plan of correction – A designated staff person will check the home weekly for compliance with §2600.162(c). The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

185a - Implement Storage Procedures

22. 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 ordered blood glucose checks twice a day. On [REDACTED], the medication administration record (MAR) indicated the resident refused but the glucometer indicated a reading of [REDACTED] at 9:47 a.m.

Repeat violation: [REDACTED]

Plan of Correction

Directed ([REDACTED] - 03/12/2026)

Directed: Within 3 days of receipt of the plan of correction – The administrator will review MARs and glucometers for all applicable residents to ensure the blood sugar results are consistent and congruent with the home's procedures. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – A designated staff person, qualified to administer medications with current training by a Department-approved diabetes educator, will check MARs and glucometers for all applicable residents weekly to ensure the blood sugar results are consistent and congruent with the home's procedures. The checks will be documented, and the initial check will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in medication administration and storage will be trained on the home's procedures and §2600.185(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

191 - Resident Right to Refuse

23. 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 [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction – The administrator will provide the residents, described in the violation, with education of the right to question or refuse a medication if the resident believes there may be a medication error. The education will be documented in compliance with §2600.191 and retained in the resident's record. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the resident education process will be trained on §2600.191 by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current resident records to ensure comprehensive compliance. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

224a Preadmission Screen Form

24. Requirements

2600.

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

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form has not been completed.

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form has not been completed.

Plan of Correction

Directed [redacted] - 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction – The administrator will complete retroactive screenings for the residents described in the violations. The screening records will be retained in the residents' records. [redacted] 3/12/2026

224a - Preadmission Screen Form (continued)

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the preadmission screening process will be trained on §2600.224(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current resident records to ensure comprehensive compliance. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

225a - Assessment 15 Days

25. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED]’s assessment, dated [REDACTED], does not include an assessment for the resident’s ability to secure and use transportation and numerous diagnoses indicated on the resident’s medical evaluation, dated [REDACTED] to include the following:

[REDACTED]

Resident [REDACTED]’s assessment, dated [REDACTED] is blank in the areas of ability to administer medications and social and recreational needs.

Repeat violation: [REDACTED]

Plan of Correction

Directed [REDACTED] 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction – The administrator will update resident [REDACTED] and resident [REDACTED] assessments to ensure they’re complete and accurate. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the assessment process will be trained on §2600.225(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current resident records to ensure comprehensive compliance. [REDACTED] 3/12/2026

225a Assessment 15 Days (continued)

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

225c - Additional Assessment

26. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] s assessment, dated [redacted], does not include [redacted] and [redacted]

Repeat violation: [redacted]

Plan of Correction

Directed [redacted] - 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will update resident [redacted] assessment to ensure it is complete and accurate. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction All staff persons involved in the assessment process will be trained on §2600.225(c) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction The administrator or designee will review all current resident records to ensure comprehensive compliance. [redacted] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [redacted] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([redacted] - 4/16/2026)

226a - Mobility Assessment

27. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include an assessment of the resident's mobility needs.

Plan of Correction

Directed [redacted] 03/12/2026)

Directed: Within 24 hours of receipt of the plan of correction The administrator will update resident [redacted] assessment to ensure it is complete and accurate. [redacted] 3/12/2026

226a - Mobility Assessment (continued)

Directed: Within 10 days of receipt of the plan of correction – All staff persons involved in the assessment process will be trained on §2600.226(a) by the administrator. Documentation of the training will be recorded in accordance with §2600.65(i) and submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed: Within 10 days of receipt of the plan of correction – The administrator or designee will review all current resident records to ensure comprehensive compliance. [REDACTED] 3/12/2026

Directed: Within 20 days of receipt of the plan of correction – The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(a) – (c). Documentation of the quality management plan review and evaluation will be submitted for verification purposes to the Department. [REDACTED] 3/12/2026

Directed Completion Date: 04/01/2026

Not Implemented ([REDACTED] - 4/16/2026)

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: PENNWOOD NURSING AND REHABILITATION CENTER **License #:** 45019 **License Expiration:** 05/03/2026
Address: 909 WEST STREET, PITTSBURGH, PA 15221

Inspection Information

Start Date: 12/29/2025 **Type:** Full

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
Staff Member A	Deina Riley	Personal care aide	07/25/2025
Staff Member B	Kaylah Marshall	Personal care aide	07/25/2025
Staff Member C	Nairobi Howze	Administrator	08/28/2024
Staff Member D	John Williams	Personal care aide	07/23/2025

Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>	<u>Date of Death</u>
Resident 1	Harold Jensen	11/03/2025
Resident 2	Christine Carper	
Resident 3	Merna Adamson	
Resident 4	Buya Lutete	
Resident 5	Clifford Nebel	