All POCs for violations Not implemented

Sent via e-mail [enter e-mail address]

MAILING DATE: 7/17/26

[redacted] OWNER
NEW BRIGHTON PERSONAL CARE HOME
[redacted]

RE: NEW BRIGHTON PERSONAL CARE HOME
701 PENN AVENUE
NEW BRIGHTON, PA 15066
License/COC #: 45604

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on and 12/30/25 of the above facility, we have determined that your accepted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
<Licensing Inspection Summary>

Facility Information

Name: *NEW BRIGHTON PERSONAL CARE HOME* **License #**: *45604* **License Expiration**: *03/05/2026*

Address: *701 PENN AVENUE, NEW BRIGHTON, PA 15066*

County: *BEAVER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *AM RAFI, P.C.*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1*	**Date**: *03/22/2024*	**Issued By**: *Borough of New Brighton*
Type: *Other*	**Date**: *08/02/1991*	**Issued By**: *Dept L & I*
Type: *Other*	**Date**: *03/19/1985*	**Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *21* **Waking Staff**: *16*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *12/30/2025*

Inspection Dates and Department Representative

12/30/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served**: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

12/30/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/07/2026*

Inspections / Reviews *(continued)*

02/13/2026 - **POC Submission**

Submitted By: [redacted]
Date Submitted: *02/07/2026*
Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *02/23/2026*

07/17/2026 - **POC Submission**

Submitted By: [redacted]
Date Submitted: *02/14/2026*
Reviewer: [redacted]
Follow-Up Type: *Bypass Document Submission*

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

At approximately 9:20 a.m., the Department requested access to multiple resident records; however, no staff had keys to access the locked room to access the resident records until approximately 11:17 a.m.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] ensured that access to resident records was provided to agents of the Department as soon as the locked records room became accessible. Administrator [redacted] reviewed the requirement under 55 Pa. Code § 2600.5(a) with available staff to reinforce that Department requests for access to records must be met immediately upon request. Interim measures were implemented by Administrator [redacted] to ensure that keys to record storage areas were made accessible to authorized staff during Department visits. All immediate actions will be completed by February 21, 2026

Corrective Action:
To correct the violation, Administrator [redacted] implemented a procedure ensuring that keys to all areas containing resident records are readily available to designated staff at all times. Administrator [redacted] designated responsible staff and established a key control process to ensure immediate access to records when requested by agents of the Department. Administrator [redacted] will monitor implementation of this corrective action, and all corrective measures will be completed within 30 days, March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] revised and reinforced policies and procedures regarding Department access to the home, residents, and records to ensure compliance with 55 Pa. Code § 2600.5(a). Administrator [redacted] will provide staff training on regulatory requirements related to immediate access during inspections and monitoring visits and will conduct ongoing monitoring to ensure compliance. Administrator [redacted] will ensure that preventive actions are implemented, monitored, and completed within 30 days, March, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Not Implemented ([redacted] - 07/17/2026)

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

At approximately 9:45 a.m., the half-filled trash can in the bathroom, across from resident room 100, did not have a lid.

At approximately 9:50 a.m., a quarter of the toilet seat, in the resident room #105's shared bathroom, was covered with a brown sticky, hard, and feces smelling substance.

85a - Sanitary Conditions (continued)

At approximately 10:00 a.m., the men's hallway and inside common bathroom A had a foul sewage smell throughout the end of the hallway and the bathroom.

At approximately 10:30 a.m., the basement hallway near the kitchen and the room labeled beauty shop had a foul smell of sewage throughout the hallway and room.

Plan of Correction ***Accept (- 02/19/2026)***

Immediate Action:
Immediately upon identification of the unsanitary conditions, Administrator [redacted] ensured that housekeeping staff addressed the cited areas without delay. The trash can in the bathroom across from resident room 100 was replaced with a covered receptacle, the toilet seat in the shared bathroom of resident room 105 was thoroughly cleaned and disinfected, and the affected bathrooms and hallways were cleaned to eliminate odors. Administrator [redacted] assessed the areas to ensure sanitary conditions were restored and that resident health and safety were not compromised. Immediate actions to be completed by February 21, 2026

Corrective Action:
To correct the violation, Administrator [redacted] implemented enhanced cleaning and sanitation measures for all resident bathrooms, common areas, and basement areas, including the kitchen-adjacent hallway and beauty shop. Administrator [redacted] ensured that all trash receptacles in bathrooms are equipped with lids and that cleaning protocols include routine inspection for visible soiling and odors. Administrator [redacted] will monitor compliance with these corrective measures, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] revised housekeeping procedures to include scheduled inspections of bathrooms and common areas throughout the day to ensure sanitary conditions are maintained at all times. Administrator [redacted] will provide staff training on sanitation standards and reporting of unsanitary conditions and will conduct ongoing monitoring to ensure continued compliance with 55 Pa. Code § 2600.85(a). Administrator [redacted] will ensure that all preventive actions are implemented, monitored, and completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented (- 07/17/2026)**

88a - Surfaces

3. 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

The 4ft x 2ft section of tile flooring, below the emergency exit door, in the middle of the hallway of the basement of the home was broken into several pieces and was in general disrepair; posing a trip/fall hazard.

Plan of Correction ***Accept (- 02/19/2026)***

Immediate Action:

88a - Surfaces (continued)

Immediately upon identification of the hazardous condition, Administrator [redacted] ensured that the affected area of the basement hallway was made safe to prevent resident and staff injury. The damaged section of tile flooring below the emergency exit door was secured and clearly marked, and access to the area was restricted as necessary until repairs could be completed. Administrator [redacted] assessed the area to ensure that immediate risks were mitigated and that resident health and safety were protected. Immediate actions to be completed by February 21, 2026

Corrective Action:
To correct the violation, Administrator [redacted] arranged for repair or replacement of the damaged flooring by qualified maintenance personnel to restore the surface to a safe and stable condition. Administrator [redacted] ensured that the repaired flooring meets safety standards and is free of trip and fall hazards. Administrator [redacted] will monitor the completion of the repair, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures for routine inspection of floors and other structural surfaces throughout the home to identify and address hazards promptly. Administrator [redacted] will ensure that maintenance concerns are documented, tracked, and corrected in a timely manner and will provide staff guidance on reporting environmental hazards. Administrator [redacted] will monitor ongoing compliance to ensure that floors and other surfaces remain in good repair, and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

95 - Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The two toilets in common bathroom A are not operable. Staff interviews indicated when either toilet is flushed, the contents either: individually overflows, of one toilets flow from one toilet to the other, or just smells really bad.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] ensured that the two inoperable toilets in Common Bathroom A were taken out of service to prevent use and potential health hazards. Administrator [redacted] arranged for alternative operable restroom facilities to be available to residents and staff and ensured that the affected area was appropriately restricted. Administrator [redacted] assessed the condition to ensure resident health and safety were protected pending corrective repairs. All immediate actions to be completed by February 21, 2026
Corrective Action:
To correct the violation, Administrator [redacted] coordinated with maintenance to inspect, repair, or replace the toilets and associated plumbing to restore proper function and eliminate overflow, cross-flow, and odor issues. Administrator [redacted] ensured that all plumbing repairs result in fully operable, sanitary, and hazard-free restroom facilities. Administrator [redacted] will monitor the progress of repairs, and all corrective actions will

95 Furniture and Equipment (continued)

be completed within 30 days, by March 16, 2026.

Preventive Action:

To prevent recurrence, Administrator [redacted] implemented procedures for routine inspection and maintenance of bathroom fixtures and plumbing systems to ensure they remain in good repair, clean, and free of hazards. Administrator [redacted] will provide staff instruction on promptly reporting equipment malfunctions and unsanitary conditions. Ongoing monitoring will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.95, and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

141a - Medical Evaluation

5. Requirements

2600.

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

Description of Violation

The medical evaluation for resident #1, dated [redacted], was blank in the areas: pulse rate, blood pressure, temperature, and ability to self administer medication.

Resident #2, admitted [redacted], did not have a completed medical evaluation.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:

Immediately upon identification of the violation, Administrator [redacted] reviewed the medical records of Resident #1 and Resident #2 to determine the extent of missing or incomplete medical evaluation information. Administrator [redacted] initiated contact with the appropriate licensed medical professionals to obtain the required medical evaluation information for both residents. Administrator [redacted] ensured that interim monitoring of residents' health needs was conducted to protect resident health and safety pending completion of the evaluations. Immediate actions to be completed by February 21, 2026

Corrective Action:

To correct the violation, Administrator [redacted] ensured that a complete medical evaluation for Resident #1 was obtained and documented on the Department specified form, including pulse rate, blood pressure, temperature, and ability to self administer medication. Administrator [redacted] also ensured that a full medical evaluation for Resident #2 was completed by a physician, physician's assistant, or certified registered nurse practitioner in accordance with regulatory timeframes. Administrator [redacted] will monitor record completion, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:

To prevent recurrence, Administrator [redacted] implemented procedures to verify that all required medical evaluations are completed, signed, and fully documented within required timeframes for all residents. Administrator [redacted] established a tracking system to monitor admission and medical evaluation deadlines and provided staff training on documentation requirements under 55 Pa. Code § 2600.141(a). Administrator [redacted] will

141a Medical Evaluation (continued)

conduct ongoing monitoring to ensure continued compliance, and all preventive actions will be completed within 30 days, by March 16, 2026

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

181c - Self-administration Assessment

6. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 was ordered Metamucil Powder, mix 1 2 rounded Tablespoons with cool fluid and drink once daily. A bottle of Metamucil gummies was observed in resident Mary's bedroom. According to interviews, this resident was self administering 4 gummies daily; however, this resident was not assessed to be able to self administer medications.

Resident #3 was ordered Fluticasone Prop HFA 220m, inhale 2 puffs by mouth two times a day. This medication was being self administered 12/9/25 thru 12/26/25 at 8:00 p.m.; however, this resident was not assessed to be able to self administer medications.

Resident #3 was ordered Spiriva Respimat 2.5mcg inhaler, use 2 puffs into the lungs once daily. This [redacted] medication was self administered 11/1/25 thru 11/30/25; however, this resident was not assessed to be able to self administer medications.

Plan of Correction

Accept ([redacted] - 02/19/2026)

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] reviewed Resident #3's medication administration practices and ensured that self administration of Metamucil gummies, Fluticasone Propionate HFA inhaler, and Spiriva Respimat inhaler was discontinued pending proper assessment. Administrator [redacted] ensured that all medications were secured and administered by staff in accordance with current orders to protect resident health and safety. Administrator [redacted] assessed whether any adverse effects occurred as a result of improper self administration and ensured appropriate monitoring was in place. Immediate actions completed by February 21, 2026.

Corrective Action:
To correct the violation, Administrator [redacted] arranged for Resident #3 to be assessed by a physician, physician's assistant, or certified registered nurse practitioner to determine the resident's ability to self administer medications and the need for medication reminders, as required by 55 Pa. Code § 2600.181(c) and § 2600.227(e). Administrator [redacted] ensured that the assessment results were documented in the resident record and incorporated into the resident's assessment and support plan. Administrator [redacted] will monitor completion of these actions, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures to ensure that no resident

181c - Self-administration Assessment (continued)

self-administers medications unless a documented assessment by an authorized medical professional is completed and on file. Administrator [redacted] provided staff training on medication administration requirements, including verification of self-administration assessments prior to permitting resident access to medications. Ongoing monitoring and record reviews will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.181(c), and all preventive actions will be completed within 30 days, by March 21, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

183d - Prescription Current

7. Requirements

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

Description of Violation

The following medications were unlocked, unattended, and accessible in resident #3's bedroom; however, this resident was not assessed to self-administer medications nor assessed to keep them at bedside:
Metamucil gummies
Spiriva Respimat 2.5mcg inhaler
Fluticasone Prop HFA 220m

There was a bottle containing Metamucil gummies that was unlocked, unattended, and accessible in resident #3's bedroom. This resident was not assessed to self-administer medications nor assessed to keep them at bedside.

At approximately 12:36 p.m., a bottle of Refresh tears and a bottle of Fluticasone nasal spray were unlocked, unattended, and accessible in resident #2's bedroom; however, this resident was not assessed to self-administer medications nor assessed to keep them at bedside.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] ensured that all unlocked and unattended medications found in Resident #3's and Resident #2's bedrooms were removed and secured in accordance with medication storage requirements. Administrator [redacted] confirmed that residents who were not assessed to self-administer medications or to keep medications at bedside no longer had access to prescription or over-the-counter medications in their rooms. Administrator [redacted] assessed the situation to ensure resident health and safety were not compromised and that medications were administered by staff as ordered. Immediate actions to be completed by February 21, 2026.

Corrective Action:
To correct the violation, Administrator [redacted] reviewed the medication storage practices for all residents to ensure compliance with 55 Pa. Code § 2600.183(d), confirming that only authorized medications are kept in resident rooms and only when supported by a documented assessment. Administrator [redacted] ensured that resident assessments were reviewed and updated to clearly reflect whether residents are permitted to self-administer medications and/or keep medications at bedside. Administrator [redacted] will monitor implementation of corrective actions, and all corrections will be completed within 30 days, by March 16, 2026.

183d Prescription Current (continued)

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures requiring verification of a completed self administration and bedside medication assessment prior to permitting medications to be stored in resident bedrooms. Administrator [redacted] provided staff training on medication storage, supervision, and regulatory requirements related to resident access to medications. Ongoing monitoring and routine audits of medication storage practices will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.183(d), and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

187b - Date/Time of Medication Admin.

8. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is ordered blood glucose testing, test blood sugar once weekly on Mondays with the pharmacy printer medication administration record(MAR) blocking off all dates except every Wednesday. However, blood glucose levels were not documented on the following Monday dates: 12/1/25, 12/15/25, 12/22/25, and 12/29/25. The glucometer, belonging to resident #1, showed blood glucose readings on 12/8/25 (Monday) and 12/23/25 (Tuesday) for the month of December.

Resident #1 was ordered Refresh eye drops, instill one drop into each eye 4 times a day; however, this medication was initialed at the time of administration on the following dates and times:

At 4:00 p.m. on 11/12/25, 11/14/25, 11/17/25, 11/22/25, 12/19/25, 12/22/25, 12/23/25, 12/24/25, 12/25/25, 12/28/25, and 12/28/25

At 8:00 p.m. on 11/12/25, 11/14/25, and 11/22/25

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violations, Administrator [redacted] reviewed Resident #1's medication administration records and blood glucose monitoring documentation to identify discrepancies between physician orders, glucometer readings, and MAR entries. Administrator [redacted] ensured that staff were immediately instructed to record blood glucose results and medication administration at the time of administration in accordance with regulatory requirements. Administrator [redacted] verified that current physician orders were accurately reflected on the MAR to ensure proper documentation going forward. Immediate actions to be completed by February 21, 2026.

187b - Date/Time of Medication Admin. (continued)

Corrective Action:
To correct the violations, Administrator [redacted] ensured that Resident #1's MAR was corrected to accurately reflect the physician's order for blood glucose testing once weekly on Mondays and that staff documented blood glucose results at the time testing was performed. Administrator [redacted] also reviewed administration and documentation practices related to Refresh eye drops to ensure entries are recorded at the actual time of administration. Administrator [redacted] will monitor staff compliance through routine MAR audits, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented enhanced medication administration documentation procedures, including routine review of MARs for accuracy and completeness. Administrator [redacted] provided staff training on proper MAR documentation requirements, emphasizing real-time documentation at the time medications and treatments are administered. Ongoing monitoring and periodic audits will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.187(b), and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Not Implemented ([redacted] - 07/17/2026)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident #3 was ordered Metamucil Powder, mix 1-2 rounded Tablespoons with cool fluid and drink once daily; however, this medication was not administered 11/20/25 thru 11/30/25.

Resident #3 was ordered Miralax gummies, take 4 gummies every morning; however, this medication was not administered 11/1/25 thru 11/30/25.

Resident #1 was ordered blood glucose testing, test blood sugar once weekly on Mondays with the pharmacy printer medication administration record(MAR). However, blood glucose level readings were not completed on the following dates: 12/1/25, 12/15/25, 12/22/25, and 12/29/25.

Resident #1 was ordered Refresh eye drops, instill one drop into each eye 4 times a day; however, this medication was not available for administration on 12/19/25.

Resident #4 was ordered Carvedilol 25mg, take 1 tablet by mouth twice a day; however, the 5:00 p.m. dose was not administered on 12/2/25 and 12/3/25 as the medication was not available.

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

Plan of Correction ***Accept (- 02/19/2026)***

Immediate Action:
Immediately upon identification of the violations, Administrator reviewed the medication administration records and treatment logs for Residents #1, #3, and #4 to determine the extent of missed or unavailable medications and treatments. Administrator ensured that all currently prescribed medications and supplies, including Metamucil, Miralax gummies, Refresh eye drops, blood glucose testing supplies, and Carvedilol, were obtained and made available for administration as ordered. Administrator ensured that staff resumed administering all medications and treatments in accordance with prescriber directions to protect resident health and safety. Immediate actions to be completed by February 21, 2026.

Corrective Action:
To correct the violations, Administrator implemented procedures to ensure timely ordering, receipt, and availability of all prescribed medications and supplies. Administrator reviewed pharmacy coordination, medication delivery processes, and inventory practices to prevent lapses in availability. Administrator will monitor medication administration and documentation practices through routine MAR reviews, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator established ongoing monitoring and auditing of medication administration to ensure all medications and treatments are administered in accordance with prescriber orders. Administrator provided staff training on medication management responsibilities, including timely reordering and verification of medication availability prior to scheduled administration times. Administrator will conduct periodic reviews to ensure continued compliance with 55 Pa. Code § 2600.187(d), and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented (- 07/17/2026)**

224a - Preadmission Screen Form

10. 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

The preadmission screening for resident #1, admitted , was undated; therefore, it cannot be determined if this form was completed within 30 days prior to admission.

Plan of Correction ***Accept (- 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator reviewed Resident #1's preadmission screening documentation to determine the extent of the deficiency and to verify whether the resident's needs could be met by the services provided by the home. Administrator ensured that current resident needs were assessed and that services in place continued to meet the resident's needs to protect resident health and safety pending corrective action. Immediate actions to be completed by February 21, 2026.

224a Preadmission Screen Form (continued)

Corrective Action:
To correct the violation, Administrator [redacted] ensured that a properly completed and dated Department specified preadmission screening form was obtained and placed in Resident #1's record, documenting that the determination regarding the resident's needs was made within the required timeframe. Administrator [redacted] reviewed admission documentation practices to ensure all required fields, including dates and signatures, are completed accurately. Administrator [redacted] will monitor completion of corrective actions, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures requiring administrative review of all preadmission screening forms prior to admission to verify completeness, accuracy, and compliance with regulatory timeframes. Administrator [redacted] provided staff training on admission documentation requirements and established a checklist to ensure all required preadmission documentation is completed and dated appropriately. Ongoing monitoring and periodic audits will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.224(a), and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

225a - Assessment 15 Days

11. 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

The assessment completed for resident #1, admitted [redacted], did not indicate the date the assessment was completed. Additionally, the following sections of the assessment were blank: dental, dietary sensory medical diagnoses, behavioral or cognitive need and degree.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] reviewed Resident #1's assessment to determine the extent of incomplete and missing documentation. Administrator [redacted] ensured that current resident needs were evaluated and that services in place continued to meet the resident's identified needs while corrective actions were initiated. Administrator [redacted] confirmed that resident health and safety were not compromised pending completion of the assessment. Immediate actions to be completed by February 21, 2026.

Corrective Action:

225a Assessment 15 Days (continued)

To correct the violation, Administrator [redacted] ensured that Resident #1's initial assessment was completed in full on the Department's specified assessment form, including the date of completion and all required sections such as dental, dietary, sensory, medical diagnoses, and behavioral or cognitive needs and degree. Administrator [redacted] verified that the completed assessment accurately reflects the resident's needs and services provided by the home. Administrator [redacted] will monitor the completion of corrective actions, and all corrective actions will be completed within 3rch 160 days, by Ma, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures requiring administrative review of all initial assessments to ensure completeness, accuracy, and compliance with required timeframes. Administrator [redacted] provided training to staff responsible for completing assessments on DHS documentation requirements and established monitoring practices, including periodic audits of resident records. Ongoing oversight will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.225(a), and all preventive actions will be completed within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

227a - Support Plan 30 Days

12. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan completed for resident #1, admitted [redacted], did not indicate the date the support plan was completed.

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] reviewed Resident #1's support plan documentation to determine the extent of the deficiency related to the missing completion date. Administrator [redacted] ensured that the resident continued to receive personal care services consistent with identified needs while corrective actions were initiated. Administrator [redacted] confirmed that resident health and safety were not compromised pending completion of the documentation. Immediate actions to be completed by February 21, 2026.

Corrective Action:
To correct the violation, Administrator [redacted] ensured that Resident #1's support plan was reviewed, updated, and properly dated on the Department's specified support plan form to reflect timely development and implementation. Administrator [redacted] verified that the support plan accurately reflects the resident's assessed needs and services provided by the home. Administrator [redacted] will monitor completion of corrective actions, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] implemented procedures requiring administrative review of all support plans to ensure completeness, accuracy, and compliance with regulatory timeframes. Administrator [redacted]

227a - Support Plan 30 Days (continued)

[redacted] *provided staff training on DHS support plan documentation requirements and established monitoring practices, including periodic audits of resident records. Ongoing oversight will be conducted by Administrator* [redacted] *to ensure continued compliance with 55 Pa. Code § 2600.227(a), and all preventive actions will be completed within 30 days, by March 16, 2026.*

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

227g -Support Plan Signatures

13. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The undated support plan completed for resident #1, admitted [redacted] *indicated* [redacted] *participated in the development of this support plan; however, this support plan was not signed by the resident nor did it indicate* [redacted] *inability to sign.*

Plan of Correction ***Accept ([redacted] - 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] *reviewed Resident #1's support plan to confirm the absence of the resident's signature and documentation regarding the resident's ability or inability to sign. Administrator* [redacted] *ensured that the resident continued to receive services consistent with the existing support plan while corrective actions were initiated. Administrator* [redacted] *confirmed that resident health and safety were not compromised pending completion of documentation. Immediate actions to be completed by February 16, 2026.*

Corrective Action:
To correct the violation, Administrator [redacted] *ensured that Resident #1's support plan was reviewed with the resident and that the resident's signature and date were obtained to document participation in the development of the support plan. If the resident was unable to sign, Administrator* [redacted] *ensured that the reason for inability to sign was documented on the support plan in accordance with regulatory requirements. Administrator* [redacted] *will monitor completion of corrective actions, and all corrective actions will be completed within 30 days, by March 16, 2026.*

Preventive Action:
To prevent recurrence, Administrator [redacted] *implemented procedures requiring verification that all individuals who participate in the development of support plans sign and date the document or that the reason for inability to sign is clearly documented. Administrator* [redacted] *provided staff training on DHS support plan documentation requirements and established administrative review and auditing of support plans to ensure completeness and compliance. Ongoing monitoring will be conducted by Administrator* [redacted] *to ensure continued compliance with 55 Pa. Code § 2600.227(g), and all preventive actions will be completed within 30 days, by March 16, 2026.*

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

227i Support Plan Accessible

14. Requirements

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

At approximately 9:20 a.m., resident support plans were locked in the Administrator office and were inaccessible to direct care staff until approximately 11:17 a.m.

Plan of Correction ***Accept (- 02/19/2026)***

Immediate Action:
Immediately upon identification of the violation, Administrator [redacted] ensured that resident support plans were made accessible to direct care staff without delay. Administrator [redacted] reviewed access procedures for support plans with available staff to reinforce the requirement that support plans must be accessible at all times to staff responsible for resident care. Interim measures were implemented by Administrator [redacted] to prevent restricted access during staff coverage hours. Immediate actions to be completed by February 21, 2026.

Corrective Action:
To correct the violation, Administrator [redacted] implemented procedures to ensure resident support plans are stored in a secure but readily accessible location available to direct care staff at all times. Administrator [redacted] established designated access methods, including key availability or alternative secure access, to prevent delays in obtaining support plans. Administrator [redacted] will monitor compliance with these procedures, and all corrective actions will be completed within 30 days, by March 16, 2026.

Preventive Action:
To prevent recurrence, Administrator [redacted] revised policies and procedures related to support plan storage and accessibility to ensure ongoing compliance with 55 Pa. Code § 2600.227(i). Administrator [redacted] provided staff training on the importance of immediate access to support plans and conducted ongoing monitoring and periodic audits to ensure compliance. Administrator [redacted] will ensure that all preventive actions are implemented and maintained within 30 days, by March 16, 2026.

Licensee's Proposed Overall Completion Date: *03/16/2026* **Not Implemented (- 07/17/2026)**