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

June 8, 2026

[redacted], NHA
ACTS RETIREMENT-LIFE COMMUNITIES INC
[redacted]

RE: OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES
1343 W. BALTIMORE PIKE
MEDIA, PA, 19063
LICENSE/COC#: 13890

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2026, 01/06/2026, 01/07/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES* **License #**: *13890* **License Expiration**: *05/07/2026*

Address: *1343 W. BALTIMORE PIKE, MEDIA, PA 19063*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ACTS RETIREMENT-LIFE COMMUNITIES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1*	**Date**: *04/07/2017*	**Issued By**: *Township of Middletown*
Type: *Other*	**Date**: *04/07/2017*	**Issued By**: *Township of Middletown*
Type: *C-1*	**Date**: *06/15/1987*	**Issued By**: *Commonwealth of Pennsylvania, DOH*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *66* **Waking Staff**: *50*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *01/07/2026*

Inspection Dates and Department Representative

01/05/2026 - On-Site: [redacted]
01/06/2026 - On-Site: [redacted]
01/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* **Residents Served**: *51*

Special Care Unit

In Residence: *Yes* **Area**: *Magnolia Crossing* **Capacity**: *17* **Residents Served**: *15*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *15* **Have Physical Disability**: *0*

Inspections / Reviews

01/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/06/2026*

02/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/06/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *02/12/2026*

02/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/06/2026*

06/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3d Post license/VR/Regs

1. Requirements

2800.
3.d. The assisted living residence 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 assisted living residence.

Description of Violation

The residences' assisted living unit and the special care unit (Magnolia Crossing) are in two separate buildings with separate entrances.
On 01/05/26, the residence's current violation report, dated 7/31/2025, copy of 55 Pa. Code Chapter 2800, was not posted in a conspicuous and public place in the assisted living unit of the residence.
On 01/05/26, the residence's current violation report, dated 7/31/2025, copy of 55 Pa. Code Chapter 2800, was not posted in a conspicuous and public place in the special care unit of the residence.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/12/26, regarding required posting of license, current license inspection summary and a copy of Chapter 2800 regulations. A copy of the current license inspection report and a copy of Chapter 2800 regulations were posted at the entrance of the assisted living and magnolia crossing units. Beginning 1/12/26, Administrator, or designee to conduct weekly audits x 4 to ensure the required postings are in a conspicuous and public place. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 04/28/2026)

15b Resident abuse-superv plan

2. Requirements

2800.
15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 03/20/25, at 1:00 PM, resident #1 reported that staff person A touched the resident in an inappropriate manner. The residence conducted an investigation but determined the allegation could not be substantiated. Staff person A was suspended during the investigation but returned to work at the conclusion of the residence's investigation. The Department did not investigate or provide clearance for staff person A to return to work.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

The Regional Clinical Director inserviced AL Administrator and Administrator of Health Services on 1/9/26 regarding resident abuse reporting. Staff person A was suspended during the internal investigation and returned to work after the allegation could not be substantiated. The AL Administrator or designee will obtain confirmation from the Department that the plan to supervise or suspend the alleged perpetrator is acceptable as well as clearance for the staff person to return to work if the allegation could not be substantiated. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 04/28/2026)

44g Telephone numbers

3. Requirements

2800.
44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care residence regional office, the local ombudsman or protective services unit in the Area Agency on Aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline are not posted in a conspicuous and public place in the special care care unit of the residence.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator reviewed requirements regarding the posting of DHS, ombudsman and applicable phone numbers. A list containing the phone numbers for DHS, the ombudsman, etc were already posted at the entrance of the assisted living and magnolia crossing units. On 1/12/26, AL Administrator updated the posting to include DHS signage although not required by regulations.

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 04/28/2026)

82c Locked poisons

4. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

The following items were observed unlocked, unattended and accessible to residents in the special care unit of the residence;

- *Room 2004 - Crest Pro-Health Advanced toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidently swallowed, get medical help or contact a Poison Control Center right away",*
- *Room 2004 - Irish Spring Speed Stick antiperspirant/deodorant, with a manufacturer's label indicating "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away",*
- *Room 2013 - Equate 100% Pure Petroleum Jelly, with a manufacturer's label indicating "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away".*

Not all the residents of the special care unit have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator inserviced staff on 1/9/26 regarding keeping poisonous materials locked and inaccessible to residents on the special care unit. Special care unit apartment bathrooms are equipped with locked cabinets. Beginning 1/12/26, random environmental rounds to be conducted by Administrator or designee twice a week x 8 to ensure poisonous materials are locked in bathroom cabinets and inaccessible to residents in the memory are unit. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented ([redacted] - 06/08/2026)

91 Telephone Numbers

5. Requirements

2800.
91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in room 108.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator inserviced staff on 1/9/26 regarding the posting of emergency numbers including the nearest hospital and fire department in resident rooms. Beginning 1/12/26, random environmental rounds to be conducted by Administrator or designee weekly x 4 to ensure emergency numbers are posted in resident rooms. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 04/28/2026)

95 Furniture & Equipment

6. Requirements

2800.
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

A refrigerator/freezer located in the first floor kitchenette of the assisted living unit freezer was not in working order.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Director of Culinary Services/designee inserviced staff on 1/15/26 regarding keeping equipment in good repair, clean and free of hazards. The inoperable refrigerator/freezer located in the first-floor kitchenette of the assisted living unit was discarded by maintenance. Beginning 1/19/26, the Director of Culinary Services or designee to conduct weekly audit x 5 to ensure equipment is in good repair, clean and free of hazards. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 04/28/2026)

101j7 Lighting/operable lamp

7. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator inserviced staff on 1/9/26 regarding resident room having a source of light that can be turned on/off

101j7 Lighting/operable lamp (continued)

at bedside. Beginning 1/12/26, random environmental rounds to be conducted by Administrator or designee weekly x 4 to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 06/08/2026)

103f Fridge/Freezer Temps

8. Requirements

2800.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator in the 2nd floor kitchenette of the assisted living unit.

Repeat Violation: 02/05/25.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

A thermometer was placed in the refrigerator in the 2nd floor kitchenette of the assisted living unit. Director of Culinary Services/designee inserviced staff on 1/15/26 regarding keeping thermometer in each fridge and freezer. Beginning 1/19/26, the Director of Culinary Services or designee to conduct weekly audit x 5 to ensure each fridge/freezer has a thermometer. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 04/28/2026)

103g Storing food

9. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

An open and unsealed container of Creamy Italian dressing was observed in the salad/sandwich station in the special care unit kitchenette.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

The open and unsealed container of Creamy Italian dressing observed in the salad/sandwich station in the special care unit kitchenette was immediately discarded. Director of Culinary Services/designee inserviced staff on 1/15/26 regarding keeping food stored in closed or sealed containers. Beginning 1/19/26, the Director of Culinary Services or designee to conduct weekly audit x 5 to ensure food is stored in a closed or sealed container. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 04/28/2026)

103i Outdated food

10. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Several unlabeled, undated items were found in the special care unit's kitchenette;

- *2 - five gallon ice cream containers,*
- *a container of tartar sauce,*
- *2 slices of cheese cake.*

Plan of Correction ***Accept (- 02/09/2026)***

The unlabeled, undated items were found in the special care unit's kitchenette (including 2 five-gallon ice cream containers, container of tarter sauce and 2 slices of cheesecake) were immediately discarded. Director of Culinary Services/designee inserviced staff on 1/15/26 regarding not using outdated or spoiled food or dented cans. Beginning 1/19/26, the Director of Culinary Services or designee to conduct weekly audit x 5 to ensure food is labeled and dated, and no outdated or spoiled food or dented cans are being used. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 04/28/2026)

105f Clothing laundering

11. Requirements

2800.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

The residence does not have a system to safeguard resident laundry from loss. Several items of unlabeled clothing were observed sitting on the counter of the special care unit's laundry room.

Plan of Correction ***Accept (- 02/09/2026)***

Administrator inserviced staff on 1/9/26 regarding ensuring that residents' clothing is not lost or misplaced during laundering or cleaning. Unlabeled clothing items observed sitting on the counter of the special care unit's laundry room were identified, returned to the appropriate resident or discarded if not claimed by any resident or family member/responsible party. Measures implemented to ensure that residents' clothing is not lost or misplaced during laundering or cleaning, such as ensuring items are labeled prior to laundering. Beginning 1/12/26, random environmental rounds to be conducted by Administrator or designee weekly x 4 to ensure staff and visitor compliance. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented (- 04/28/2026)

107a Emergency preparedness

12. Requirements

2800.
107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the residence is located.

107a Emergency preparedness *(continued)*

Description of Violation

[redacted] *the Administrator, is not familiar with the emergency preparedness plan for the local municipality.*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/13/26, regarding familiarity with the emergency preparedness plan for the municipality in which the residence is located. A copy of the local municipality's emergency preparedness plan was obtained and reviewed by AL Administrator. Beginning 1/13/26, Administrator to review local municipality's emergency preparedness plan annually in January and as needed to ensure familiarity. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/01/2027*

Implemented ([redacted] - 04/28/2026)

107d Procedure EMA submission

13. Requirements

2800.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been reviewed, updated or submitted to the local management agency since 10/22/24.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/13/26, regarding the annual review, updating and submission of the written emergency procedures to the local emergency management agency. The residence's emergency procedures were reviewed, updated and submitted to the local emergency management agency 2/9/26. Beginning 2/6/26, Administrator to review, update and submit the written emergency procedures to the local emergency management agency annually in January and as needed. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/01/2027*

Implemented ([redacted] - 04/28/2026)

124 Notice to fire department

14. Requirements

2800.
124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The residence does not have documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/13/26, regarding documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency. Written notification was submitted to the local fire

124 Notice to fire department (continued)

department 2/9/26. Beginning 2/9/26, Administrator to notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency annually in January and as needed. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *02/01/2027*

Implemented (- 04/28/2026)

132a Monthly fire drill

15. Requirements

2800.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home conducts separate fire drills for the assisted living unit and the special care unit. An unannounced fire drill was not held during the month of August 2025 for either unit.

Repeat Violation: 02/05/25

Plan of Correction ***Accept (- 02/09/2026)***

August 2025 fire drill was conducted and verified by Administrator of Health Services who was a participant in the drill for each unit; however, the fire drill log was misplaced. Administrator of Health Services inserviced AL Administrator and Director of Property Management on 1/8/26 regarding requirements for an unannounced fire drill at least once a month. Beginning 1/31/26, AL Administrator or designee to perform month end audits x 6 of the fire logs for both units to ensure the fire log form is present. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 04/28/2026)

132c Fire drill records

16. Requirements

2800.
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 residence 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 records for the assisted living unit drills conducted between May 2025 and December 2025 do not include the exit route used.

The fire drill records for the special care unit drills conducted between June 2025 and December 2025 do not include the exit route used.

The fire drill records for both units drills conducted between September 2025 and December 2025 do not include problems encountered.

132c Fire drill records *(continued)*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/8/26 regarding complete documentation of fire drill records to include exit routes used and problems encountered. Beginning 1/31/26, AL Administrator or designee to perform month end audits x 6 of the fire logs for both units to ensure the fire drill record form is completed in its entirety to include exit routes used and problems encountered. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

132d Evacuation

17. Requirements

2800.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

The assisted living unit part of the residence has a maximum safe evacuation time of 13 minutes as specified in writing on 04/09/25 by a fire safety expert. The residence exceeded this evacuation time on 10/30/25 at 9:30 PM where the documented time reads "24 min 33 min" on the fire drill log. The residence also uses a form titled "Fire Drill Report" to document the drill. This form indicates the "Time Fire Alarm Pulled" as 21:30:40 and the "Time Drill Completed" as 21:55:13 which indicates the drill took 24 minutes and 33 seconds.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced staff on 1/9/26 regarding fire drill and evacuation procedures. Reviewed maximum safe evacuation time as per the fire safety expert as well as the requirement for residents to evacuate the entire building to a public thoroughfare, or to a fire-safe area. The residence to continue to conduct monthly unannounced fire drills. Beginning 1/31/26, AL Administrator or designee to perform month end audits x 6 of the fire logs for both units to ensure residents evacuate, not shelter in place, within the current maximum safe evacuation time specified in writing by the fire safety expert. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

18. Requirements

2800.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

During the fire drill on 09/26/25, at 3:34 PM on the special care unit side of the residence, none of the 13 residents evacuated but instead "sheltered in place", as listed on the residence's Fire Drill Report.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced staff on 1/9/26 regarding fire drill and evacuation procedures. Reviewed maximum

132d Evacuation (continued)

safe evacuation time as per the fire safety expert as well as the requirement for residents to evacuate the entire building to a public thoroughfare, or to a fire safe area. The residence to continue to conduct monthly unannounced fire drills. Beginning 1/31/26, AL Administrator or designee to perform month end audits x 6 of the fire logs for both units to ensure residents evacuate, not shelter in place, within the current maximum safe evacuation time specified in writing by the fire safety expert. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

132e Fire drill - sleeping hours

19. Requirements

2800.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours on the assisted living side of the residence was on 02/17/25, at 6:01 AM.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator and Director of Property Management on 1/8/26 regarding requirement for a fire drill that shall be held during sleeping hours once every 6 months. Beginning 1/31/26, AL Administrator or designee to perform month end audits every 6 months x 2 of the fire logs for both units to ensure a fire drill is held during sleeping hours once every 6 months in both units. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *01/31/2027*

Implemented ([redacted] - 04/28/2026)

141a Medical evaluation

20. Requirements

2800.
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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

141a Medical evaluation *(continued)*

12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident #4, dated [redacted] does not include the dietary needs of the resident. The form indicates resident #4 requires a special diet but the description is blank.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced Support Plan Coordinator on 1/12/26 regarding medical evaluation requirements. Resident #4's special diet was confirmed and updated on medical evaluation. Beginning 1/31/26, AL Administrator or designee to perform month end review x 6 of medical evaluations completed during the month to verify they are completed in its entirety. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 06/08/2026)

181f Self-administer Record of medication

21. Requirements

2800.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #5 self administers their medication. On 01/06/26, resident #5's record did not include a current list of medications.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced nursing staff on 1/9/26 regarding the inclusion of a current list of prescription, CAM and OTC medications for each resident who is self administering his/her medication in the resident's record. Beginning 1/12/26, Administrator or designee to conduct audits every 3 months x 4 to ensure the current list of medications is verified with the residents who self administer medications. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *01/31/2027*

Implemented ([redacted] - 04/28/2026)

183d Current medications

22. Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 01/05/26, Polyethylene Glycol 17 GM Powd Packs Give 1 packet by mouth twice daily for constipation and 2 bags of Anti Diarrheal 2 MG Caplets Give 2 MG by mouth every 6 hours as needed for diarrhea, prescribed for resident #6, was in the residence's medication cart. These are not active prescriptions.

On 01/06/26, Spironolactone 25 MG Tablet Take 1 tablet by mouth once a day, prescribed for resident #7, was in the residence's medication cart. This is not an active prescription.

183d Current medications (continued)

Repeat Violation: 07/31/25.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced nursing staff on 1/9/26 regarding keeping only current prescription, OTC, sample and CAM for individuals living in the home. Education provided to the nursing staff regarding conducting MAR to Cart audits. Beginning 1/12/26, nursing staff to conduct medication cart audits weekly x 12 to ensure only current prescription, OTC, sample and CAM for individuals living in the home are kept in the residence. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: *01/15/2027*

Implemented ([redacted] - 04/28/2026)

183e Storing Medications

23. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 01/05/26, a tear in slot #4 and a hole in slot #11 were observed in resident #6's Cranberry extract 500 MG T 500 MG Tablet - Take 1 tablet by mouth once a day.

Repeat Violation: 02/05/25

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Cranberry extract 500 MG tablets in slot #4 and #11 for resident #6 was discarded. AL Administrator inserviced nursing staff on 1/9/26 regarding storing prescription medications, OTC medications and CAM in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Education provided to the nursing staff regarding conducting medication cart audits. Beginning 1/12/26, nursing staff to conduct medication cart audits weekly x 12 to ensure prescription medications, OTC medications and CAM in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: *01/15/2027*

Implemented ([redacted] - 06/08/2026)

185a Storage procedures

24. Requirements

2800.
185.a. The residence 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 #6's glucometer was not calibrated to the correct time. On 01/05/26, at 12:36 PM, the glucometer displayed 1:48 PM. The date was correct.

185a Storage procedures (continued)

Repeat Violation: 02/05/25

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Resident #6's glucometer was calibrated to the correct time. AL Administrator inserviced nursing staff on 1/9/26 regarding calibrating glucometers to the correct date and time. Beginning 1/12/26, AL Administrator or designee to perform biweekly audits x 4 to monitor for proper date and time calibration of glucometers. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: *02/27/2026*

Implemented ([redacted] - 04/28/2026)

187d Follow prescriber's orders

25. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 Unit/ML (Insulin Lispro) - Inject as per sliding scale: if 150 - 200 = 0 units, 201 - 250 = 1 unit, 251 - 300 = 2 units, 301 - 350 = 3 units, 351 - 400 = 4 units, 401 - 450 = 5 units, subcutaneously before meals and at bedtime. Resident #6's December 2025 and January 2026 medication administration record interprets these times to be 0800, 1200, 1600, and 2100. However, resident # 6 was administered this insulin medication at the following dates and times;

- *On 12/24/25 the 0800 administration was completed at 1230,*
- *On 12/25/25 the 2100 administration was completed at 2306,*
- *On 01/05/26 the 1200 administration was completed at 1307,*
- *On 01/05/26 the 1600 administration was completed at 1808.*

Repeat Violation: 02/05/25.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced nursing staff on 1/9/26 regarding the following prescriber's orders. Beginning 1/12/26, random audits of the administration record to be performed by the AL Administrator, or designee weekly x 6 to monitor for medications being administered according to prescriber's order. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 06/08/2026)

227d Support plan – med/dental

26. Requirements

2800.
227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

227d Support plan – med/dental *(continued)*

Description of Violation

The Assessment and Support Plan (ASP) for resident #7, dated [redacted] indicates A (Independent) under the Assisted Living Care Needs and Degree column for Transferring in/out of bed/chair and under Turning and positioning in bed/chair with "NO NEED" listed in the Description of Service Need and the Plan to meet Service Need columns. However, resident #7 has a bedside mobility device attached to their bed.

The ASP for resident #8, dated [redacted], indicates A (Independent) under the Assisted Living Care Needs and Degree column for Transferring in/out of bed/chair and under Turning and positioning in bed/chair with "NO NEED" listed in the Description of Service Need column. However, under the Plan to Meet Service Need Column for Transferring in/out of bed/chair "NO NEED (I DO HAVE A HALO BED DEVICE FOR BED MOBILITY)" is listed. In the same column under Turning and positioning in bed/chair are two comments; first, "NO NEED (I'M ABLE TO MOVE IN/OUT OF BED OR A CHAIR)" is typed. The second is hand written "[redacted] see "transferring" for HALO use" with a staff person's initials. Resident #8 also has a bedside mobility device attached to their bed.

When such devices are in use, the ASP must include the following:

- *The specific need for the device,*
- *The intended use,*
- *Any risks associated with the device,*
- *The resident's ability to use the device safely for the intended purpose,*
- *Identification of the specific device to be used,*
- *If a cover is required to meet FDA guidelines.*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced Support Plan Coordinator on 1/12/26 regarding required documentation for bedside mobility devices. Support Plan Coordinator to review support plans for current residents to ensure proper documentation included for residents with bedside mobility devices. Any new admissions with bedside mobility devices will have the proper documentation included in their support plan. Beginning 2/2/26, AL Administrator or designee to perform monthly audits x 6 of support plans of residents with bedside mobility devices to ensure proper documentation is included. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 04/28/2026)

227g Support plan - signatures

27. Requirements

2800.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6 participated in the development of their support plan on [redacted]. However, the resident did not sign and date the support plan.

Repeat Violation: 02/05/25.

227g Support plan - signatures *(continued)*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced Support Plan Coordinator on 1/12/26 regarding obtaining signatures and dates on the support plan for individuals who participated in the development of it. Resident #6 signed their support plan that they participated in developing. Beginning 1/31/26, AL Administrator or designee to perform month end review x 6 of support plans completed during the month to verify they are signed by the individuals who participated in its development. If a participate is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

233a Lock approval

28. Requirements

2800.
233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The residence does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking devices that prevent immediate egress, used on the main entry point and fire exit door located in the special care unit (Magnolia Crossing).

Plan of Correction ***Accept ([redacted] - 02/18/2026)***

AL Administrator or designee to obtain and copy of the written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking device and place it on file at the residence. Beginning 2/28/26, AL Administrator or designee to audit survey binder monthly x 6 to ensure a copy of the written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking device is on file. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 06/08/2026)

233b Lock manufact. statement

29. Requirements

2800.
233.b. A residence shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:
1. Upon a signal from an activated fire alarm system, heat or smoke detector.
2. Power failure to the home.
3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The residence does not have a statement from the manufacturer of the magnetic locking system verifying that the magnetic locking system locks will release when the fire alarm system is activated, the residence's power fails, and when the lock releasing device is operated.

233b Lock manufact. statement *(continued)*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Statement obtained and put on file at the residence from the manufacturer of the magnetic locking system, RF Technologies, verifying that the magnetic locking system locks will release when the fire alarm system is activated, the residence's power fails, and when the lock releasing device is operated.

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented ([redacted] - 04/28/2026)

234a Admission – support plan

31. Requirements

2800.
234.a. Support or rehabilitation plan

1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.
2. For individuals being admitted into a special care unit for INRBI, a rehabilitation plan shall be developed, implemented and documented in the resident record. This rehabilitation plan and the individual's support plan shall be based on the CPB preadmission assessment and other available records and information.

Description of Violation

Resident #6 was admitted to the special care unit on [redacted] However, the resident's initial support plan was completed on [redacted]

Resident #8 was admitted to the special care unit on [redacted] However, the resident's initial support plan was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

AL Administrator inserviced Support Plan Coordinator on 1/12/26 regarding initial support plans being completed within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit. Beginning 1/31/26, AL Administrator or designee to perform month end review x 6 of support plans completed during the month to verify they are completed within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

236a Staff training

32. Requirements

2800.
236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person C, date of hire [redacted] works in the special care unit, but only completed 1.85 hours of initial training related to dementia care within the first 30 days of the date of hire.

236a Staff training *(continued)*

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/12/26 regarding staff training requirements for direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia. Beginning 1/31/26, AL Administrator will perform monthly audits x6 of team member training to ensure direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training relating to their job duties. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)

236b Training topics

33. Requirements

2800.
236.b. The training for each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia at a minimum must include the following topics:

1. An overview of Alzheimer's disease and related dementias.
2. Managing challenging behaviors.
3. Effective communications.
4. Assistance with ADLs.
5. Creating a safe environment.

Description of Violation

Direct care staff person C, who works in the special care unit did not complete training in the following topics; assistance with ADLs, creating a safe environment.

Plan of Correction ***Accept ([redacted] - 02/09/2026)***

Administrator of Health Services inserviced AL Administrator on 1/12/26 regarding required training topics for direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia. Beginning 1/31/26, AL Administrator will perform monthly audits x6 of team member training to ensure direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia have at a minimum the following topics included: An overview of Alzheimer's disease and related dementias, Managing challenging behaviors, Effective communications, Assistance with ADLs and Creating a safe environment. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 04/28/2026)