

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

February 19, 2026

[REDACTED]
LEAH C ILGENFRITZ
[REDACTED]

RE: LEAH'S VICTORIAN COTTAGE I
511 PARK AVENUE
SCOTTDALE, PA, 15683
LICENSE/COC#: 42935

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2026 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: LEAH'S VICTORIAN COTTAGE I License #: 42935 License Expiration: 12/02/2026
 Address: 511 PARK AVENUE, SCOTTDALE, PA 15683
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: LEAH C ILGENFRITZ
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/26/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 01/05/2026

Inspection Dates and Department Representative

01/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 14
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/05/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2026

02/02/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/18/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/09/2026

Inspections / Reviews (*continued*)

02/09/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/18/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/28/2026

02/19/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/18/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

25b Contract Signatures

1. 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 addendum to resident [redacted] resident/home contract, dated [redacted], was not signed by the resident.

Plan of Correction

Accept [redacted] - 02/09/2026)

- 1. Administrator had resident [redacted] sign contract on 1/7/2026.
- 2. Contract was signed 1/7/2026 by resident [redacted]
- 3. Administer reviewed all contracts 1/7/2026 making sure they are signed by both parties if necessary.
- 4. Administrator will ensure that all yearly contracts include both parties signature's if required.

Licensee's Proposed Overall Completion Date: 02/09/2026

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

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

At 9:16 a.m., resident [redacted] was wearing urine soaked / stained soaks while laying on [redacted] bed. Resident [redacted] bed had no sheets on in. There was also an odor of urine nearly strong enough to evoke an involuntary gag reflex concentrated in the resident's room, room [redacted]

Plan of Correction

Accept [redacted] - 02/09/2026)

- 1. Administrator took immediate action resident [redacted] was showered clean socks and clothing were provided 1/5/2026.
 - 2. Administer held staff meeting 1/21/2026 on care plan for resident [redacted]
 - 3. Administer gave staff a detailed care plan 1/21/2026 for resident [redacted]
- The care plan included 1. Morning shift will give resident [redacted] clean clothing and socks and sheets on bed. 2. All staff every 3hours check resident [redacted] room for sanitary conditions.
- a. change sheets if needed b. make sure room and walls are clean of smears.
 - c. Have resident [redacted] change clothing and socks when needed.

42c Treatment of Residents (continued)

d. put clean sheets on bed as needed

A new mattress and heavy cover were purchased and placed on resident [REDACTED] bed 1/26/2026 making easier to maintain.

Administer will make daily checks of resident [REDACTED] clothing and bed sheets daily .

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

42s - Privacy**3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 4:45 p.m., there was no locking mechanism or other means of securing the door granting egress to common bathroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer checked bathroom# [REDACTED] 1/5/2026 a sliding lock was on door and operating properly.

Administer checked all bathroom door locks 1/5/2026 to ensure all bathrooms have privacy locks. All bathroom have locks on doors that worked properly.

Maintenance Will also do weekly inspections of doors and locks making sure locks are n working order.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:11 a.m., there was a toilet partially full of feces and toilet paper in the common bathroom located across the hall from resident room [REDACTED]

At 9:16 a.m., an odor of urine nearly strong enough to evoke an involuntary gag reflex was concentrated in resident room [REDACTED].

At 9:20 a.m., there was a smear of fecal matter approximately 3 x 4 inches in size on right side of the internal door trim located on the door granting egress to resident room [REDACTED]

At 9:23 a.m., there was a smear of fecal matter approximately 3x4 inches in size on the shower chair located in the common bathroom directly across the hall from resident room [REDACTED].

There was a layer of dust on the ceiling vent in the right side bathroom of the double common bathroom and a used plunger on the floor of the left side bathroom.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 02/09/2026)

- 1. Administer flushed toilet and cleaned bathroom across from room [redacted] on 1/5/2026. Administer held staff meeting 1/21/2026 Bathroom checks will be conducted throughout the day and evening on a 3hour basis. Bathroom inspections will begin 1/5/2026.
Administer and maintenance will conduct daily bathroom inspections to ensure bathrooms are kept clean. Residents were also informed by Administer 1/21/2026 to tell staff if bathroom needs attended too any type of cleaning or flushing.
- 2. Administer had room [redacted] cleaned by maintenance and removed odor smell on 1/5/2026 . Room [redacted] is resident [redacted] room is being checked every 3hours by staff for sanitary conditions and cleanliness. Room inspections will begin 1/5/2026 Administer and maintenance will inspect room [redacted] daily and as needed to ensure room is kept clean and free of odor. On 1/7/2026 maintenance placed room deodorizer in room [redacted]
- 3. Administer cleaned the smear 1/5/2026 off door trim resident [redacted] room. Resident room [redacted] is on a daily inspection to ensure walls are free of smears. Administrator and maintenance will inspect room daily starting 1/5/2026 insure cleanness is sustained in [redacted] room.
- 4. Administer cleaned Smear off shower chair 1/5/2026 in bathroom across from room [redacted]. Bathroom inspections by staff are to be conducted every 3 hours in bathrooms throughout building for cleanness starting 1/5/2026. Administer and maintenance will inspect bathrooms daily shower chair is included in inspections starting 1/5/2026 for cleanliness.
- 5. Ceiling fan was cleaned by maintenance 1/5/2026 the fans will be part of daily inspection in all bathrooms by staff to ensure fans are kept clean. Staff will begin inspections bathroom inspections checking ceiling fans 1/5/2026 . Administrator and maintenance will inspect ceiling fans on a weekly routine making sure that fans are free of dust, inspections will start 1/5/2026
 - a. Administer placed plunger in a holder 1/10/2026 for storage when not in use.
Administer held meeting 1/21/2026 plunger will be part of bathroom inspections by staff that its kept in holder.
Administer and maintenance will monitor bathrooms on a daily and as needed inspection to ensure plunger is kept in holder. inspection will start 1/5/2026

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [redacted] - 02/19/2026)

85e - Trash Outside Home

5. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:22 a.m., there were multiple trash bags above the rim of the blue dumpster located in the rear of the home. The dumpster's lid was completely opened.

REPEAT VIOLATION [redacted]

Plan of Correction

Accept [redacted] 02/09/2026)

Maintenance ordered sign [redacted] attached to front of dumpster 1/30/2026 sign will state close lid and don't over fill.

85e Trash Outside Home (continued)

Administer and maintenance Will monitor dumpster daily and as needed for overfill and closed lid, inspections will begin 1/5/2026. Staff was informed 1/21/2026 by administer at meeting to break down all boxes this will allow for more room in dumpster. Administrator will take immediate action if overflow of dumpster continues.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] 02/19/2026)

88a - Surfaces

6. 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

At 9:21 a.m., there was a quarter sized hole in the wall directly behind where the lock on the door handle of the door granting egress to resident room [REDACTED] contacts the wall when fully opened.

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Maintenance filled hole in room [REDACTED] 1/20/2026 and a door stopper halts door when opening was installed on 1/20/2026. Administer and maintenance inspected all bedroom doors 1/6/2026 no other doors caused any damage. Administer and maintenance will check doors in rooms monthly starting 1/5/2026 to keep in good repair.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] 02/19/2026)

100b - Removal Snow/Obstructions

7. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:04 a.m., there was 3 5 inches of snow and ice covering the front walkway of the home. There was a path of foot tracks compacting the snow into a mixture of ice and snow.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Maintenance put salt box with a shovel outside front door 1/28/2026 to make easy access to obtain for everyone on all shifts are able salt and shovel as needed. Administer had a meeting 1/21/2026 with staff gave instructions to keep sidewalks clean of snow and ice and the location of salt box and shovel. Administrator and maintenance will monitor to ensure sidewalks and front walk way are free of ice and snow as needed.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] 02/19/2026)

107c Food/Water 3 Day Supply

8. 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 had a census of 14 residents present in the home. However, the most recent emergency water letter was obtained on [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer will purchased 65 gallons of drinking water it will be available 2/9/2026 it will be stored in pantry. Administer will monitor water supply to ensure its kept at a sufficient amount to comply with number of residents in home. Administer will purchase the amount of water to correspond with number of residents. If any new residents are admitted administer will purchase additional drinking water for current census count.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented ([REDACTED] - 02/19/2026)

131f Fire Extinguisher Inspection

9. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Multiple fire extinguishers in the home have not been inspected by a fire safety expert since [REDACTED] to include the fire extinguisher in the home's main office and the fire extinguisher located in the home's common area.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer contacted Certasite fire company inspected all extinguisher's 1/7/2026 they are set up to come every year automatically for reinspection. Administer will monitor on a yearly basis to ensure extinguishers are kept up to date. Administer placed a note 1/7/2026 on fire log when next extinguishers are due for inspections.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented ([REDACTED] - 02/19/2026)

132b Safety Inspection/Fire Drill

10. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire drill observed by a fire safety expert was conducted on [REDACTED]. However, the previously conducted fire drill was observed by a fire safety expert on [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer will contact Fire department 9/1/2026 a month in advance when fire drill is to be conducted to give Fire department enough notice to conduct drill on a timely manner to ensure fire drill is kept current. Administer placed

132b Safety Inspection/Fire Drill (continued)

reminder posted on fire log 1/30/2026 when to contact Fire Department. Administer will monitor Fire Drill to insure date for accuracy.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

132c - Fire Drill Records**11. 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 fire drill conducted on [REDACTED], does not include a minute indicator.

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer informed staff 1/21/2026 when documenting in fire drill log to spell out minute and second to avoid clerical errors. Meeting was held by administer to inform staff on 1/21/2026 on documentation of fire log times. Administer placed reminder on Fire Log 1/30/2026 to staff spell minutes and seconds when recording times of fire drill.

Administer will monitor fire drill log quarterly starting 1/30/2026 so clerical error won't accrue again.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] 02/19/2026)

132e - Fire Drill Sleeping Hours**12. Requirements**

2600.

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

Description of Violation

The most recent fire drill conducted during sleeping hours was held on [REDACTED]. However, the previously conducted fire drill conducted during sleeping hours was held on [REDACTED]

Plan of Correction

Accept [REDACTED] 02/09/2026)

Administer placed notice on fire drill log indicating the date on 1/30/2026 when 6 month fire drills should be conducted. Administer will coordinate fire drills with staff so they are aware of the date sleeping drill will be conducted. Administer explained at meeting held 1/21/2026 sleeping drills are conducted every 6 months. Administer will monitor fire drill log monthly starting 2/1/2026 to ensure sleeping drills are done on a timely manner.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

141b1 - Annual Medical Evaluation**13. 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] was admitted to the home on [REDACTED]. However, the resident's most recent medical evaluation was conducted on [REDACTED].

Plan of Correction

Accept [REDACTED] 02/09/2026)

Administer complicated Resident [REDACTED] medical evaluation and support plan on 1/23/2026. Home has a doctor that comes to the home twice a month that exams resident [REDACTED] on a regularly basis. Administer updated list of dates on 1/23/2026 when medical evolution's support plans need updated on all residents to ensure DME and support plans are kept current. Administer will monitor current list monthly so DME and support plan are completed on a timely basis starting 1/30/2026.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

181c - Self-administration Assessment**14. 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

At approximately 9:15 a.m., there was a tube of [REDACTED] on resident [REDACTED]'s bedside dresser. However, the residents most recent assessment and support plan completed on 8/20/2025, indicated the had not been assessed to self administer the medication.

At 11:25 a.m., there was a bottle of [REDACTED] on resident [REDACTED] bedside dresser. However, the resident's most recent assessment and support plan completed on [REDACTED] indicated the resident had not been assessed to self administer the medication.

Plan of Correction

Accept [REDACTED] - 02/09/2026)

Administer removed itch cream from resident [REDACTED] room on 1/5/2026 Staff will monitor rooms on a weekly basis starting 2/1/2026 to ensure that resident's rooms have no medications stored in rooms. Administer held meeting 1/21/2026 to inform all staff that any type of medication is prohibited to kept by resident's rooms. Administer and maintenance will do monthly checks in all resident's rooms monthly beginning 2/1/2026 making sure no medications are kept in rooms.

Administer removed The vitamins on 1/5/2026 from resident [REDACTED] room. Staff will monitor rooms for any medications that maybe stored in residents rooms starting 2/1/2026. Resident [REDACTED] family was informed 1/5/2026 not to bring any medication without checking with staff. Administer informed staff to check rooms weekly for medications that maybe in rooms. Administer held staff meeting 1/21/2026 and all staff was informed of medication must be removed if found in any residents rooms. Administer will begin room checks on 2/1/2026 checking on medication that maybe residents rooms on a monthly basis and as needed.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

183d - Prescription Current

15. 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

Resident [redacted] was self-administering [redacted]. However, there was not a valid prescriber's order for the medication.

Resident [redacted] was self-administering [redacted]. However, there was not a valid prescriber's order for the medication.

Plan of Correction

Accept [redacted] - 02/09/2026)

Administer removed medication cream 1/5/2026 from Resident [redacted] room. Resident [redacted] was informed by Administer on 1/5/2026 that any type of medication that obtained must be brought to office no exceptions. Administer informed resident [redacted] Doctor 1/30/2026 that the medication was being used by resident # [redacted]. Administer held meeting on 1/21/2026 all staff was informed to report and remove any medication from all residents rooms and report to Administer immediately.

Administer removed vitamin's 1/5/2026 from resident [redacted] room. Administer informed resident [redacted] on 1/5/2026 any type of medication obtained must be brought to office no exceptions. Administer reported to doctor that resident #4 was taking over counter vitamins on 1/30/2026.

Administer will communicate with house Doctor if resident need of prescription for any reason. Weekly room checks by staff will be conducted to check all resident's rooms for any medication. Administer will monitor room inspections starting 1/5/2026

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [redacted] - 02/19/2026)

185a - Implement Storage Procedures

16. 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

At 11:25 a.m., there was an unsecured unattended bottle of [redacted] on the bedside dresser of resident [redacted] bed.

At 11:25 a.m., there was an unsecured unattended bottle of [redacted] on the bedside dresser of resident [redacted] bed.

Resident [redacted] was prescribed [redacted] the 10 mg tablet take one tablet by mouth once daily as needed for intractable hiccups. However, the medication is not present at home.

Plan of Correction

Accept [redacted] - 02/09/2026)

Administer informed Staff 1/5/2026 Any medication that is brought into home will be kept in the locked cabinet located in office. Administer informed Staff and residents 1/5/2026 All medication must have a doctor's prescription and will be given directly to staff and locked in cabinet located in office.

Resident [redacted] was discontinued Administer contacted pharmacy 1/6/2026 informed pharmacy to remove

185a - Implement Storage Procedures (continued)

medication from medication administration record. Pharmacy removed [REDACTED] from MARS 1/6/2026. Administer talked to Pharmacy 1/6/2026 to contact Staff or Administer if any medication are discontinued and to keep communication with home on all and any medication changes. Administer and trained staff will inspect mars daily for any medication that has been discontinued and communicate with pharmacy and have medication removed from mars and dated discontinued.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/19/2026)

187a - Medication Record**17. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] prefilled inject sub-Q per sliding scale 2 times a day, [REDACTED] and call MD. The resident was not administered the medication at 8:00 p.m., on multiple dates to include [REDACTED]. However, the medications' non administrations were not indicated on the resident's December 2025, and January 2026, Medication Administration Records for the specified dates. The fields were blank.

Resident [REDACTED] was prescribed [REDACTED], 4 times a day per [REDACTED]. The resident was not administered this medication on multiple dates and times to include [REDACTED] at, 4:00 p.m., and 8:00 p.m., and [REDACTED] at 4:00 p.m., and 8:00 p.m., However, the medication's non-administrations were not indicated on the resident's December 2025, and January 2026, Medication Administration Records for the specified dates / times. The fields were blank.

Resident [REDACTED] was prescribed [REDACTED] once a week on Wednesdays. The resident was administered the medication on multiple dates. However, the medication's administrations were not indicated on the resident's December 2025, Medication Administration Record for multiple dates to include [REDACTED], and [REDACTED].

REPEAT VIOLATION [REDACTED]**Plan of Correction**

Accept [REDACTED] - 02/02/2026)

Administer implemented a new policy on administering and Logging Resident [REDACTED] and resident [REDACTED]. The house Doctor was informed of the errors. All trained staff were informed and attended training 1/21/2026 on injections and logging procedure's Administer will monitor trained staff ensure new procedure with insulin logging and injections. All staff will be required to take Medication Administration Training Course. All staff will complete course no later than 1/28/2026. Administer will monitor medication training is completed by 1/28/2026

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [REDACTED] - 02/19/2026)

187d - Follow Prescriber's Orders

18. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed Furosemide 40 mg tablet take one tablet by mouth every other day. However, the medication was not administered on multiple dates to include 1/1/26, through 1/4/26.

Resident #2 is prescribed Novolog flex pen prefilled inject sub-Q per sliding scale 2 times a day 120 - 150 = 3U, 151 - 180 = 5U, 181 - 200 = 6U, 201 - 250 = 8U, 251 - 300 = 10U, 301 - 350 = 12U, 351 - 400 = 15U, Greater than 401 = 18U and call MD. However, the resident was not administered the medication on multiple dates at 8:00 p.m., to include 1/3/26, 12/28/25, and 12/27/25. There were no glucometer measurements indicated on the resident's glucometer for the specified dates.

REPEAT VIOLATION 1/7/2025

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

Administrator implemented a new policy 1/5/2026 on the procedure of documentation of all medications. Resident #1 doctor was informed 1/30/2026 on dates medication was missed. Administer held training 1/21/2026 meeting was held with staff to implement documentation medication procedure. Administer will monitor documentation procedure weekly ensuring accuracy.

Administer Showed trained staff 1/21/2026 new forms that are to be used and trained staff must initial all readings and insulin injections administered. Administer informed doctor 1/30/2026 resident #2 insulin was not given on dates indicated. Administer will monitor staff weekly starting 1/5/2026 to ensure documentations and injections are given as prescribed by doctors' orders.

Administer implemented a new policy on 1/5/2026 administering insulin and glucometer measurement.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (JW - 02/19/2026)**190a - Completion Medication Course****19. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A, B, and C, administer medications to residents of the home. However, the staff's last medication practicum observation was conducted in November 2024.

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

Staff A,B and C that administer medication was retrained 1/14/2026- 1/15/2026-1/30/2026 received certificates on medication administration training course approved by the Department Of Human Services.

Administrator will monitor year that medication training was completed posting a 2year reminder on medication cart on 2/1/2026 indicates next medication administration training course is due for staff administering medication.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (JW - 02/19/2026)

225c - Additional Assessment

20. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #3 was admitted to the home on 11/30/01. However, the resident's most recent assessment and support plan was completed on 11/10/24.

REPEAT VIOLATION 7/24/2025, et al.

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

Administrator completed Resident #3 assessment and support plan 1/23/2026. Administrator updated a current list on 2/1/2026 with dates when resident assessments and support plans are due to be renewed. Administrator will monitor assessments and support plans to ensure they are completed on time by posting list on file cabinet 2/1/2026

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (JW - 02/19/2026)

253c - Records Log

21. Requirements

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

At approximately 2:45 p.m., the November 2025, Medication Administration Records were requested for resident #s 1, 2, 3, and 4. However, the home was unable to locate / submit the requested documents.

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

Administer implemented a new filling system 2/1/2026 on medication administration records. All trained staff in medication was shown by administer the procedure and were to store records on 2/1/2026. Administer will monitor procedure to insure they are filled correctly on a monthly basis.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (JW - 02/19/2026)