pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CPSR ASSOCIATES LLC**
LEGAL ENTITY

To operate **MON VALLEY CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **200 STOOPS DRIVE, MONONGAHELA, PA 15063**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION



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

The total number of persons which may be cared for at one time may not exceed **41**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions:

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

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

and shall remain in effect from **July 24, 2026** until **January 24, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418161**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

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

HS 628P – 04/23

Pennsylvania
Department of Human Services

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**
**MAILING DATE: JULY 24, 2026**

[redacted]
CPSR Associates LLC
[redacted]

RE: Mon Valley Care Center
License/COC #: 418161

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on January 21, 2026, February 9, 2026, and May 1, 2026, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 418160) dated May 13, 2026 – May 13, 2027, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JULY 24, 2026 to JANUARY 24, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

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

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

## Facility Information

**Name**: *MON VALLEY CARE CENTER* **License #**: *41816* **License Expiration**: *05/13/2026*

**Address**: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*

**County**: *WASHINGTON* **Region**: *WESTERN*

## Administrator

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

## Legal Entity

**Name**: *CPSR ASSOCIATES LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *C 1* **Date**: *11/04/2002* **Issued By**: *Department of Health*

**Type**: *Other* **Date**: *11/18/2002* **Issued By**: *Carrol Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *47* **Waking Staff**: *35*

## Inspection Information

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

**Reason**: *Renewal* **Exit Conference Date**: *02/09/2026*

## Inspection Dates and Department Representative

*01/21/2026 On Site*: [redacted]

*02/09/2026 On Site*: [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *41* **Residents Served**: *34*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *11*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *34*

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

**Have Mobility Need**: *13* **Have Physical Disability**: *0*

## Inspections / Reviews

**01/21/2026 Full**

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/07/2026*

**03/10/2026 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *03/26/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/16/2026*

**03/17/2026 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *03/26/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/26/2026*

**06/22/2026 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *03/26/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 18 - Compliance With Laws

**1. Requirements**

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted on [redacted] requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors. However on [redacted], the date of battery installation was not present on the battery-operated carbon monoxide detector, located outside the 1st floor mechanical room.*

*REPEAT VIOLATION: [redacted] et. al.*

**Plan of Correction** ***Accept [redacted] - 03/10/2026)***

*In response to the violation on 2-9-26, immediate action was taken by the administrator by notifying head of maintenance that a date needs to be added to the battery of the carbon monoxide detector by the 1st floor mechanical room and all batteries that are in any battery-operated carbon monoxide/smoke detectors.*

*The head of maintenance will be responsible to add the date to all batteries inserted in any battery operated cardon monoxide/smoke detectors when they are changed to be in accordance with regulation 2600.18. An audit tool will be used to monitor the dates when inserted and when batteries will need to be changed on a bi-yearly basis,*

*Effective 2-9-26 the head of maintenance will perform monthly checks on all battery-operated carbon monoxide/smoke detectors to make sure that all batteries are current, through 3-7-26 and ongoing to maintain ongoing compliance with regulation 2600.18 Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation will be kept in compliance with Regulation 2600.65i.*

**Licensee's Proposed Overall Completion Date:** *03/07/2026*

***Implemented [redacted] - 06/22/2026)***

## 29a SOPb1- Hospice Care: Doctor Certification

**2. Requirements**

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**Description of Violation**

*The home's fire drill record for the fire drill conducted on 4/30/25 at 3:30pm indicates resident [redacted] was not evacuated because resident [redacted] was actively dying; however, there was no documentation from resident [redacted]s physician indicating resident [redacted] was actively dying and may suffer bodily injury or a hastened death as a result of participating in the fire drill.*

## 29a SOPb1 Hospice Care: Doctor Certification *(continued)*

**Plan of Correction** ***Accept [redacted] 03/10/2026)***

*Immediate action was taken by the administrator to monitor the status of all hospice residents. The hospice physician will be notified that the resident is declining requesting documentation that moving the resident during a fire drill will cause bodily injury or hastened the death of the resident.*

*The administrator, will continue to monitor all hospice residents contacting the hospice physician on need of documentation when needed to be in compliance with Regulation 2600.29ab,*

*Effective 2 9 26 the administrator will perform daily assessment of all hospice residents, through 3 7 26 and ongoing to maintain ongoing compliance with Regulation 2600.29ab. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation will be kept in compliance with Regulation 2600.65i.*

**Licensee's Proposed Overall Completion Date:** *03/07/2026*

***Implemented [redacted] - 06/22/2026)***

## 29a SOPb2 - Hospice Care: Informed Consent

**3. Requirements**

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

**Description of Violation**

*The home's fire drill record for the fire drill conducted on [redacted] at 3:30pm indicates resident [redacted] was not evacuated because resident [redacted] was actively dying; however, there is no written informed consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative indicating resident [redacted] was not to be evacuated.*

**Plan of Correction** ***Accept [redacted] 03/10/2026)***

*Immediate action was taken by the administrator to monitor the status of all hospice residents. The hospice physician will be notified that the resident is declining requesting documentation that moving the resident during a fire drill will cause bodily injury or hastened the death of the resident.*

*The administrator will continue to monitor all hospice residents contacting the resident's power of attorney for health care, legal guardian or health care representative on the resident's declining condition. Explaining on the need of documentation requesting that resident not be evacuated in a fire drill if resident is activity dying. .The documentation will be placed with the fire drill record to be incompliance with Regulation 2600.29ab,*

*Effective2 9 26 the administrator will perform daily monitoring of all hospice residents' health status through*

## *29a SOPb2 Hospice Care: Informed Consent (continued)*

*3 9 26 and ongoing to maintain ongoing compliance with Regulation 2600.29ab. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of the will be kept in compliance with Regulation 2600.65i.*

**Licensee's Proposed Overall Completion Date:** *03/07/2026*

***Implemented [redacted] - 06/22/2026)***

## 41e - Signed Statement

**4. Requirements**

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident [redacted] record does not include a statement signed by resident [redacted] acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*Immediate action was taken by the administrator on 2 9 26, to review residents' rights and have resident [redacted] sign the copy of the residents right and complaint procedures.*

*The administrator will review all admission paperwork on all new admission and current residents to ensure that all the paperwork is correctly signed by the resident and/or their designated person to acknowledge receipt. If signatures are missing the administrator will review unsigned paperwork with resident/designated person before having it signed. The administrator will develop an audit tool to ensure that all admission paperwork is signed correctly with a completion date of 3 16 26.*

*Effective 2 9 26 the administrator will review all admission paperwork for signatures of residents and/or their representative that all information was explained through 3 16 26 and ongoing to maintain ongoing compliance with Regulation 2600.41e. During the next quality management meeting on 3 26 26 the audit tool will be reviewed for all items specified in 2600.26b, and the documentation of the review will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of the audit will be kept in compliance with Regulation 2600.65i.*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 65f - Training Topics

**5. Requirements**

2600.

## 65f - Training Topics *(continued)*

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

1. Medication self-administration training.

**Description of Violation**

*Direct care staff person B, hired on [redacted], did not receive medication self-administration training during the 2025 training year.*

*REPEAT VIOLATION:[redacted], et. al.*

**Plan of Correction** ***Directed ([redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the administrator. Staff member B received medication self-administration training by the administrator on 2-11-26 (DIRECTED: Documentation of staff person B's training shall be kept in accordance with 2600.65i. [redacted] 3/17/26).*

*To enhance the currently compliant operations, on 2-9-26 the administrator created an audit tool to ensure that all staff members and new hires are compliant with Regulation 2600.65.f with an end date of 3-7-26 and on going,*

*Effective 2-9-26 the administrator will perform monthly checks of audit tool of to confirm that all staff members have received monthly training, through 3-7-26 and on going to maintain ongoing compliance with Regulation 2600.65f. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.All documentation of the audit will be kept in compliance with Regulation 2600.65i.*

*Proposed Overall Completion Date: 03/16/2026*

*Proposed Overall Completion Date: 03/17/2026*

**Directed Completion Date:** *03/17/2026*

***Implemented [redacted] - 06/22/2026)***

## 65g - Annual Training Content

**6. Requirements**

2600.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Ancillary staff person A, hired on [redacted], did not receive training on any of the required training topics specified in 2600.65g during the 2025 training year.*

## *65g - Annual Training Content (continued)*

*Direct care staff person B, hired on [redacted], did not receive residents rights training during the 2025 training year.*

*REPEAT VIOLATION: [redacted], et. al.*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the administrator. Staff member B received training on residents' rights on 2-11-26 by the administrator. Staff member A had training on all required yearly training starting on 2-11-26-2-13-26 by the administrator. (DIRECTED: Documentation of staff person A and B's training shall be kept in accordance with 2600.65i[redacted] 3/17/26).*
*To enhance the currently compliant operations, on 2-9-26 the administrator created an audit tool that will make sure that all staff members and new hires are compliant with Regulation 2600.65.g with an end date of 3-7-26 and on going,*

*Effective 2-9-26 the administrator will perform monthly checks of audit tool to confirm that all staff members have received monthly training, through 3-7-26 and on going to maintain ongoing compliance with Regulation 2600.65g Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of the audit will be kept in compliance with Regulation 2600.65i. The audit tool will be reviewed at the Quality Management Meeting on 3-26-26.*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Implemented [redacted] - 06/22/2026)***

## 65i - Training Record

**7. Requirements**

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

*The home's record of training for "infection control", conducted on [redacted] does not include the length of the training. This section of the training record is blank.*

*The home's record of training for "RASP, DME, preadmission screening" does not include the date of the training. This section of the training record is blank.*

*REPEAT VIOLATION: [redacted], et. al.*

**Plan of Correction** ***Accept [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Department of Human Services Licensing, immediate action was taken by the administrator to review all training papers to assess that all the lengths of the course and contents of the course are documented correctly.*

## 65i - Training Record (continued)

*To enhance the currently compliant operations, on 2-9-26 the administrator will creator an audit tool to assess that all time and course content are documented correctly with a completion date of 3-7-26 and on going.*

*Effective 2-9-26 the administrator will perform monthly audit checks through 3-7-26 and ongoing to maintain ongoing compliance with Regulation 2600.65i. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. ensuring a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, are kept. All documentation will be kept to be incompliance with Regulation 2600.65i.*

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

***Implemented [redacted] - 06/22/2026)***

## 85a - Sanitary Conditions

**8. Requirements**

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

**Description of Violation**

*On [redacted] at 10:39am, there was an unknown brown substance present on the top shelf and numerous unknown red spots present on the bottom of the 3rd floor pantry refrigerator. Also, there was an unknown brown coating present on the door shelf and a layer of grime on the bottom of the 3rd floor pantry freezer.*

**Plan of Correction** ***Directed [redacted] 03/17/2026)***

*e In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2-9-26 by the administrator to have the inside of the refrigerator and freezer cleaned in the 3rd floor pantry.*

*To enhance the currently compliant operations, on 2-9-26 the administrator will develop an audit tool that will have the refrigerator and freezer in the 3rd floor pantry cleaned on a weekly basis by the night shift with a completion date of 3-7-26 and on going.*

*Effective 2-9-26 the administrator will perform weekly checks, on the pantry refrigerator and freezer through 3-7-26 and ongoing to maintain ongoing compliance with Regulation 2600.85.a. All staff members were reeducated on the importance of keeping the refrigerator and freezer clean to minimize the risk of illness. (DIRECTED: By 3/26/26: All staff persons shall be reeducated by the administrator on ensuring sanitary conditions are maintained in the home. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 3/17/26). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. maintaining sanitary conditions. All audit documentation will be kept in compliance with Regulation 2600.65i*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Implemented [redacted] 06/22/2026)***

## 121a - Unobstructed Egress

**9. Requirements**

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On [redacted] at 11:34am, a standing sign stating "employees are not to use fire escape stairs" was present in the center of the bottom step of stairwell [redacted] blocking this egress route.*

**Plan of Correction** ***Directed [redacted] 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2-9-26 by the administrator to remove the sign from the stairs of stairwell [redacted]*

*To enhance the currently compliant operations, on 2-9-26 the administrator informed the head of maintenance that all stairwell hallways passageways doorways and egress routes are not to blocked. An audit tool will be made for the head of maintenance to use for daily monitoring to ensure that all hallways, stairways, doorways, passageways and egress routes are unobstructed to maintain compliance with Regulation 2600.121a with a completion date of 3-9-26 and ongoing, All staff were reeducated on Regulation 2600.121a due to the importance of need for safe evacuation if needed by the head of maintenance on 2-13-26. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 3/17/26).*

*Effective 2-9-26 the head of maintenance will perform daily inspections of stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed, through 3-7-26 and ongoing starting on 2-10-26 to maintain ongoing compliance with Regulation 2600.121a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. All documentation of audit will be kept in accordance with Regulation 2600.65a. The audit will be reviewed on a monthly basis during the Quality Management meeting on 3-26-26. Violators of this regulation will be re-educated on importance and will have farther disciplinary actions if violations continue.*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Implemented [redacted] - 06/22/2026)***

## 126a - Furnace Inspection

**10. Requirements**

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**Description of Violation**

*The home does not have documentation indicating the home's furnace has been inspected by a professional furnace cleaning company or trained maintenance staff person within the past year.*

## 126a Furnace Inspection *(continued)*

**Plan of Correction** ***Directed [redacted] 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to notify the head of maintenance that the home's furnace needs to be inspected ASAP*

*To enhance the currently compliant operations, on 2 9 26 the head of maintenance will contact a professional furnace cleaning company to come out and inspect the furnace, with a completion date of 3 16 26 and ongoing on a yearly basis. (DIRECTED: Documentation of the furnace inspection from 3/16/26 shall be kept. [redacted] 3/17/26).*

*Effective 2 9 26 the head of maintenance will contract a furnace cleaning company to have them of do routine maintenance and yearly inspections on the furnace system., through 3 9 26 and on going to maintain ongoing compliance with Regulation 2600.126a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. A record of the inspection will be kept in accordance with Regulation 2600.65i.*

*DIRECTED: By 3/26/26: The Maintenance Director/designee shall develop and implement a system to ensure the home's furnaces are timely inspected by a professional furnace cleaning company or trained maintenance staff person at least annually. Documentation of the system shall be kept. [redacted] 3/17/26*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 132b - Safety Inspection/Fire Drill

**11. 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 home's most recent fire safety inspection and fire drill completed by a fire safety expert was conducted on [redacted]*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to*

*ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually, and to keep documentation of each fire drill and fire safety inspection.*

*To enhance the currently compliant operations, on 2 9 26 the head of maintenance will contact the local fire company to make arrangements with the fire chief who is a fire safety inspector to have the facility have a fire safety inspection and supervised fire drill with a completion date of 3 7 26, (DIRECTED: Documentation of the fire safety inspection and supervised fire drill conducted by a fire safety expert on 3/7/26 shall be kept. [redacted] 3/17/26).*

## 132b - Safety Inspection/Fire Drill (continued)

*Effective 2-9-26 the head of maintenance will have the fire safety expert come in on a yearly basis to inspect the facility along with a supervised fired drill stating 3-12-26 and ongoing every year in March to maintain ongoing compliance on Regulation 2600.132b. ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually. All documentation of each fire drill and fire safety inspection will be kept by the head of maintenance, and a copy will be given to the administrator. The results of the inspection and fire drill will be discussed at the quality management meeting March 26,2026.*

*The head of maintenance with assistance from administrator will review prior years inspection and supervised fire drill records and make arrangements with the fire chief to schedule the annual fire safety inspection and supervised fire drill in March. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*DIRECTED: By 3/26/26: The Maintenance Director/designee shall develop and implement a system to ensure a fire safety inspection and supervised fire drill is timely conducted by a fire safety expert at least annually. Documentation of the system shall be kept.* [redacted] *3/17/26*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Implemented*** [redacted] ***- 06/22/2026)***

## 132c - Fire Drill Records

**12. 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 home's fire drill record for the fire drill conducted on* [redacted] *at 6:52am does not include the number of residents evacuated.*

*The home's fire drill record for the fire drill conducted on* [redacted] *at 11:14pm does not include the number of residents evacuated or the specific exit routes/fire-safe areas used.*

*The home's fire drill record for the fire drill conducted on* [redacted] *at 6:19pm does not include the number of residents evacuated or the specific exit routes/fire-safe areas used.*

*The home's fire drill record for the fire drill conducted on* [redacted] *at 2:11am does not include the number of residents evacuated or the specific exit routes/fire-safe areas used.*

*The home's fire drill record for the fire drill conducted on* [redacted] *at 5:48pm does not include the number of residents evacuated or the specific exit routes/fire-safe areas used.*

*The home's fire drill record for the fire drill conducted on* [redacted] *at 4:59 does not indicate if the fire drill was conducted in the AM or PM. Also, the fire drill record for this fire drill does not include the number of personal care*

## *132c Fire Drill Records (continued)*

*residents evacuated, the number of personal care staff persons who participated in the fire drill or the specific exit routes/fire safe areas used.*

*The home's fire drill record for the fire drill conducted on [redacted] at 9:46am does not include the number of personal care staff persons who participated in the fire drill or the specific exit routes/fire safe areas used.*

*The home's fire drill record for the fire drill conducted on [redacted] at 3:30pm does not include the number of personal care staff persons who participated in the fire drill or the specific exit routes/fire safe areas used.*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 25 by the administrator to meet with the head of maintenance who oversees the fire drills on the importance of accurate record keeping of all fire drills this includes the number of residents on the floor the number of employees who participated in the drill and the specific exit routes to a fire safe area. A new fire drill record was developed by the administrator that will be used for PCH only. The administrator will enlist the assistance of the Fire Chief from the local fire department to re educate the head of maintenance on the importance of accurate documentation due to the fact that the head of maintenance does not follow directions of Regulation 2600.132c (DIRECTED: The head of maintenance shall receive the education by the Fire Chief by 3/26/26. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 3/17/26).*

*To enhance the currently compliant operations, on 2 9 26 the administrator will review all fire drill documentation going forward to ensure that the number of residents employees who participated in the drill and the specific exit routes to a safe area are correctly documented. The head of maintenance will give the administrator the paperwork within 4 days of the drill. The administrator will sign off on the records to ensure that we are meeting the Regulation 2600.132c,*

*Effective 2 9 26 the administrator will perform monthly reviews of all fire drills records within 4 days of the drill, ensuring each written fire drill record includes 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 , if an issue is found with any of the records the administrator will meet with the head of maintenance to discuss and have the fire drill redone within a weeks' time. to be incompliance with Regulation 2600.132c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*
*All fire drill records and education will be kept in compliance with Regulation 2600.65i.*

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/26/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 132d - Evacuation

**13. Requirements**

2600.

## 132d - Evacuation *(continued)*

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 home.

**Description of Violation**

*The home's fire drill record for the fire drill conducted on [redacted] at 6:52am indicates personal care residents were evacuated "behind bedroom doors"; however, the home has no documentation from a fire safety expert within the past year indicating all resident bedrooms are fire-safe areas.*

*On [redacted] at 11:00pm, the home conducted a fire drill with approximately 32 residents present in the home; however, the home's fire drill record for this fire drill indicates 90 residents in the home at the time the alarm sounded and that only 12 residents were evacuated to a public thoroughfare or fire-safe area.*

*REPEAT VIOLATION: [redacted], et. al.*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2-9-26 by the administrator to meet with the head of maintenance who is responsible for the fire drill explaining the importance of all residents being evacuated to safe area designated in writing by fire safety expert.*

*The Fire Chief from the local fire department who is a fire expert will update and correct the fire safety inspection letter to list all fire safe areas in the facility. The fire chief and the administrator will re-educate the head of maintenance on the regulation of fire drills of PCH, documentation that is needed. (DIRECTED: The head of maintenance shall receive the education by the Fire Chief by 3/26/26 to ensure compliance with 2600.132d. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 3/17/26). A copy of the regulation will be given to the head of maintenance to have on hand for review. Ensuring that the head of maintenance understands that PCH regulation are different from SNF regulations. The education will be kept in compliance of Regulation 2066.65i. The administrator has developed a new fire drill record to be used for the PCH that is separate from the SNF. The administrator will review all fire drill reports to ensure that all residents are being evacuated to a fire safe area that is listed on the inspection letter the route that was taken along with the number of residents in the facility at the time of the drill and number that was evacuated,*

*The administrator will review all fire drill documentation if an issue is found that the residents are not being evacuate to a fire safe area designated in writing by a fire safety expert in the inspection letter, the administrator will immediately address the issue with the head of maintenance who is in charge of the fire drills and the drill will be repeated within 1 week and the correct number of residents in the facility at the time of the drill and the number that were evacuated to be incompliance with Regulation 2600.132dAll documentation will be kept in accordance with Regulation 2600.65i.*

*DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall review all fire drill documentation at least monthly to ensure compliance with 2600.132d. [redacted] 3/17/26).*

*Proposed Overall Completion Date: 03/16/2026*

## 132d - Evacuation *(continued)*

**Directed Completion Date:** *03/26/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 184a - Resident's Meds Labeled

**14. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident [redacted] is currently prescribed [redacted] -Take 1 tablet by mouth daily; however, resident [redacted]s pharmacy label indicates [redacted] -Take 1 tablet orally daily as needed.*

*Resident [redacted] is currently prescribed [redacted] -Apply to affected areas 3 times a day as needed; however, resident [redacted] pharmacy label indicates [redacted] -Apply topically to affected area 2 times daily as needed.*

**Plan of Correction** ***Accept[redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2-9-26 by the administrator to review the orders for resident [redacted] Biofreeze and Loratadine and updated the labels on the medications by printing the order from the MAR and taping over the incorrect directions and applying a direction change stickers.*

*To enhance the currently compliant operations, on 2-9-26 the Administrator will review all new orders for all residents to ensure that the orders match what is listed on the MAR. The administrator will reinstruct all staff members that are qualified to administer medications on the need to read all medications label carefully making sure that the label matches the MAR to be incompliant with Regulation 2600.184.a, with end date of 3-16-26 and ongoing. The documentation of the education will be kept. Weekly med cart inspections will be performed on different 5 residents to ensure accuracy with an end date of 3-16-26 and ongoing. An audit tool will be used to maintain compliance and will be kept*

*Effective 2-9-26 the administrator will perform weekly med cart audits ensuring the original container for prescription medications will be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration through 3-7-26 and ongoing to maintain ongoing compliance with Regulation 2600.184a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. purposes. The all documentation of audit will be kept in compliance with Regulation 2600.65a.*

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

***Not Implemented [redacted] - 06/22/2026)***

## 186a - Authorized Prescriber

**15. Requirements**

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

## 186a Authorized Prescriber *(continued)*

**Description of Violation**

*According to resident [redacted] January 2026 medication administration record (MAR), resident [redacted] is currently prescribed [redacted] tablet Give 1 tablet orally every 8 hours as needed; however, on [redacted] the home did not have a copy of resident [redacted] current prescription order for this medication present in the home.*

**Plan of Correction** ***Accept [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to phone the physician to obtain an order to discontinue the order for Coricidn HPB for resident. The order was obtained on 2 10 26.*

*To enhance the currently compliant operations, on 2 9 26 the Administrator will do weekly med cart audits to ensure that all residents medications are current. Will obtain orders from physician to reorder any medications or have them discontinued if no longer valid. The administrator will review medications on 5 different residents weekly. An audit tool will be used to maintain accuracy,*

*Effective 2 9 26 the administrator will perform weekly med cart audits, through 3 16 26 and ongoing to maintain ongoing compliance with Regulation 2600.186a. ensuring all prescription medication prescribed in writing by an authorized prescriber, and prescription orders are kept current The administrator will reeducate all staff members qualified to administer medication on this regulation with completion date of 3 16 26 and ongoing. All records of education will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All audit documentation will be kept to be incompliance with Regulation 2600.65a.*

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

***Implemented ([redacted] - 06/22/2026)***

## 187a - Medication Record

**16. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
8. Frequency of administration.
11. Special precautions, if applicable.

**Description of Violation**

*Resident [redacted] is currently prescribed [redacted] Take 1 tablet by mouth daily; however, resident [redacted] January 2026 MAR indicates [redacted] tablet Take 2 tablets by mouth 1 time a day.*

*Resident [redacted] is currently prescribed [redacted] daily in 4 ounces of water; however, resident [redacted] January 2026 MAR indicates [redacted] by mouth one time a day.*

**Plan of Correction** ***Accept [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to review the orders for resident [redacted] and [redacted] speaking with the physician to obtain correct orders. The correct orders were obtained by the administrator on 2 10 26 and the MAR was updated.*

## 187a Medication Record (continued)

*To enhance the currently compliant operations, on 2 9 26 the Administrator will do weekly med cart audits on 5 different residents to ensure that the orders of medications listed on the MAR coincide with orders obtained from prescribers. The administrator will reinstruct all staff members who are qualified to administer medications on this regulation to be incompliant with Regulation 2600.187a, with end date of 3 16 26 and ongoing. All education material will be kept. Weekly med cart inspections will be done to ensure accuracy. An audit tool will be used to maintain accuracy,*

*Effective 2 9 26 the administrator will perform weekly med cart keeping a medication record, for each resident for whom medications are administered, that includes, dose, and frequency of administration, and special precautions, if applicable. through 3 7 26 and ongoing to maintain ongoing compliance with Regulation 2600.187a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. purposes. The all documentation of audit will be kept in compliance with Regulation 2600.65a.*

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

***Not Implemented [redacted] - 06/22/2026)***

## 187b - Date/Time of Medication Admin.

**17. 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 [redacted] is currently prescribed [redacted] capsule Take 1 capsule by mouth daily. Resident [redacted] January 2026 MAR indicates this medication was administered to resident [redacted] on [redacted] at 9:00am; however, this medication was not available in the home at the time of this administration and was not administered to resident [redacted]*

**Plan of Correction** ***Directed [redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to re instruct all med tech on need to follow the MAR checking that all medications are available and that resident had taken the medication prior to marking the medication off. (DIRECTED: Documentation of the staff education shall be kept [redacted] 3/17/26).*

*To enhance the currently compliant operations, on 2 9 26 the Administrator will do random med pass checks on a monthly basis with all med techs to make sure that they are compliant with the 5 R of passing meds, not marking off any medications that are not available and until the resident has taken all medications. An audit will be made to ensure that all documentation of medication is done properly,*

*Effective 2 9 26 the administrator will perform random observation of a med pass with all med techs through 3 7 26 and ongoing to maintain ongoing compliance with Regulation 2600.187b. Any deficiencies found with any documentation of a med pass will result with the med tech being removed from the med cart and retrained. Five Resident's MAR will be reviewed weekly to ensure correct documentation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of the audit will be kept to compliant with Regulation 2600.65i.*

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

*Proposed Overall Completion Date: 03/16/2026*

**Directed Completion Date:** *03/16/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 187d - Follow Prescriber's Orders

**18. Requirements**

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

**Description of Violation**

*Resident [redacted] is currently prescribed [redacted] Take 1 tablet by mouth daily. However, this medication was not administered to resident [redacted] on [redacted], because it was not available in the home for administration.*

*Resident [redacted] is currently prescribed [redacted] Take 1 capsule by mouth daily. However, this medication was not administered to resident [redacted] on [redacted], because it was not available in the home for administration.*

**Plan of Correction** ***Accept ([redacted] - 03/17/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 9 26 by the administrator to call resident [redacted] family to remind them that resident [redacted] is in need of Vitamin D and Vitamin C. The family was able to bring in the medications on 2 13 26.*

*To enhance the currently compliant operations, on 2 9 26 the administrator will do weekly med cart inspection on 5 different residents to make sure that all medications supplies are present with enough medication to last at least 10 days. Instructions given to all staff members qualified to administer medications by the administrator that when medications are in need of refills to notify the pharmacy or family members to ensure that there is no lapse in medication regime. with a completion date of 3 16 26 and ongoing, Documentation of education will be kept.*

*Effective 2 9 26 the administrator will perform weekly med cart audit to ensure that all medications that need refilled will notify pharmacy, physician or family members that refills are needed. An audit tool will be used to make sure that all medications have at least a 10 day supply to follow physician's direction, through 3 7 26 and ongoing to maintain ongoing compliance with Regulation 2600.187d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.All documentation of audit will be kept in compliance of Regulation 2600.65i.*

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

***Implemented [redacted] - 06/22/2026)***

## 254c - Records Storing

**19. Requirements**

2600.

## 254c Records Storing *(continued)*

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

**Description of Violation**

*On [redacted] at 2:55pm, the 2 laptop computers present on top of the medication carts outside the activities area were unlocked, unattended and accessible and displayed the January 2026 MAR's for residents [redacted] and [redacted]*

**Plan of Correction** ***Accept ([redacted] - 03/10/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 2 6 26 by the administrator to logging off the lap top computers.*

*To enhance the currently compliant operations, on 2 9 26 the administrator will do daily spot checks on the med cart laptops ensuring that the med tech have logged off completely when not in use. The med techs will be re instructed on the need to log off all computers when not in use to maintain HIPPA. with a completion date of 3 7 26 and on going,*

*Effective 2 9 26 the administrator will perform daily spot checks on all medication's laptops , through 3 7 26 and on going to maintain ongoing compliance with {Regulation 2600.254c. An audit tool will be used to maintain compliances. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The audit tool will be kept in compliance with Regulation 2600.65a.*

**Licensee's Proposed Overall Completion Date:** *03/07/2026*

***Not Implemented[redacted] - 06/22/2026)***

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

## Facility Information

**Name**: *MON VALLEY CARE CENTER* **License #**: *41816* **License Expiration**: *05/13/2027*

**Address**: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*

**County**: *WASHINGTON* **Region**: *WESTERN*

## Administrator

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

## Legal Entity

**Name**: *CPSR ASSOCIATES LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *49* **Waking Staff**: *37*

## Inspection Information

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

**Reason**: *Complaint, Incident, Monitoring* **Exit Conference Date**: *05/01/2026*

## Inspection Dates and Department Representative

*05/01/2026* *On Site*: [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *41* **Residents Served**: *34*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *9*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *34*

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

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

## Inspections / Reviews

### 05/01/2026 - Partial

**Lead Inspector**: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/20/2026*

## Inspections / Reviews *(continued)*

**05/21/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/18/2026*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/28/2026*

**05/29/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/18/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/20/2026*

**06/22/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/18/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Enforcement*

## 25a - Written Contract and Review

**1. Requirements**

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

*Resident [redacted] was discharged from the home in December 2025, then re-admitted back to the home on [redacted]; however, a new resident-home contract was not completed for resident [redacted] after the re-admission on [redacted].*

**Plan of Correction** ***Directed ([redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the administrator to have resident [redacted] sign all admission paperwork. Resident was instructed on [redacted] rights and all contents of the agreement were explained to [redacted]*
*To enhance the currently compliant operations, on 5-1-26 the administrator will review all new admission's paperwork within 24 hours to ensure that all aspects of the agreement are signed and explained to resident and designated person. The administrator will create an audit tool to use when reviewing new admission's paperwork beginning 5-2-26 to ensure compliancy with regulation 2600.25a . The new admission checklist shall be used indefinitely moving forward to ensure long-term compliance,*
*Effective 5-2-26, the administrator will review all current resident's records to ensure each resident has a current contract present through 5-28-26 and ongoing to be incompliance with regulation 2600.25a. All audit tools will be kept in accordance with regulation 2600.65a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*DIRECTED: By 6/20/26: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 5/29/26*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/20/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 41e - Signed Statement

**2. Requirements**

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident [redacted] was discharged from the home in December 2025, then re-admitted back to the home on [redacted]; however, a new resident-home contract, which contains a statement acknowledging receipt of the resident rights and complaint procedures, was not completed for resident [redacted] after the re-admission on [redacted].*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the administrator to have resident [redacted] sign all admission paperwork. Resident was instructed on [redacted] rights and all contents of the agreement were explained to [redacted]*

## *41e - Signed Statement (continued)*

*To enhance the currently compliant operations, on 5-1-26 the administrator will review all new admission's paperwork within 24 hours to ensure that all aspects of the agreement are signed and explained to resident and designated person. The administrator will create an audit tool to use when reviewing new admission's paperwork beginning 5-2-26 to ensure compliancy with regulation 2600.41e The new admission check list shall be used indefinitely moving forward to ensure long-term compliance.*
*Effective 5-1-26, the administrator will review all current resident's records to ensure compliance with Regulation 2600.41e through 5-28-26 and ongoing to be incompliance with regulation 2600.41e. All audit tools will be kept in accordance with regulation 2600.65a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 05/20/2026*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 132a - Monthly Fire Drill

**3. Requirements**

2600.
132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

*An unannounced fire drill was not held during the months of February 2026 and April 2026.*

**Plan of Correction** ***Accept [redacted] 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the administrator on 5-1-26 to meet with the new Department Head of Maintenance who will be overseeing the fire drills, on the importance of having monthly unannounced fire drills.*
*Due to lack of education, the former head of maintenance was unaware that not having monthly fire drills put the facility at risk for the preparedness of the potential hazards of not completing the required fire drills.*
*To enhance the currently complaint operations, on 5-1-26, the administrator and the maintenance director will develop and implement a system to ensure that monthly fire drills are being held at different times and days of the month.*
*The administrator and the director of maintenance will review all fire drill records together to ensure that an unannounced fire drill has occurred at least once a month beginning immediately. This will be done the last week of the month to ensure that all months have a fire drill to be incompliance with regulation 2600.132a. .Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The reports will be reviewed at the quality assurance meetings monthly.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Not Implemented [redacted] 06/22/2026)***

## 132c - Fire Drill Records

**4. Requirements**

2600.

## 132c Fire Drill Records *(continued)*

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 home currently utilizes multiple fire drill records to document monthly fire drills.*

*The home's fire drill record for the fire drill conducted on [redacted] at 12:17pm indicates an evacuation time of 2 minutes, 54 seconds; however, the fire drill record also indicates the fire drill began at 12:17pm and ended at 12:21pm, which exceeds 2 minutes, 54 seconds.*

*The home's fire drill record for the fire drill conducted on [redacted] at 1:10pm indicates an evacuation time of 1 minute, 38 seconds; however, the fire drill record also indicates the fire drill began at 1:10pm and ended at 1:16pm, which exceeds 1 minutes, 38 seconds. Also, the home's fire drill record for this fire drill indicates 30 residents were present and evacuated to fire safe areas by 4 staff persons during the fire drill; however, the second fire drill record, which is documented on the Department's model fire drill record form, indicates 86 residents were in the home at the time of the fire drill; however, no residents were evacuated, and that 15 staff persons participated in the fire drill.*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Department of Human Services licensing, immediate action was taken on 5 1 26 by the administrator to meet with the new director of maintenance who oversees the fire drills on the importance of accurate record keeping of all fire drills this includes the number of residents on the floor the number of employees who participated in the drill and the specific exit routes to a fire safe area.*
*Due to lack of education the former director of maintenance was unaware of the need to separate the residents from the SNF unit and PCH unit when a fire drill occurred.*
*The administrator has developed a separate form to be used by the PCH department stating the number of residents the number of staff involved location the residents were moved to during the drill. This form will be utilized immediately with the next monthly fire drill.*
*Effective 5 1 26 the administrator and maintenance director will perform monthly reviews of the fire drill reports which will be on going to be in compliance with Regulation 2600.132c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*ensuring each written fire drill record includes 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*
*The reports will be reviewed monthly in the quality assurance meetings with the administrator and maintenance director.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 141b1 - Annual Medical Evaluation

**5. Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

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

**Description of Violation**

*Resident [redacted] most recent medical evaluation was completed on [redacted]*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5-1-26 by the administrator by completing DME for resident [redacted] and sending to physician for signature returning 5-12-26.*

*To enhance the currently compliant operations, on 5-1-26 the administrator will review all resident's records within 24 hours to ensure that all DME for residents are completed within 1 year or sooner with changes. An audit tool will be developed to track evaluation due dates to ensure that DME are completed on a timely basis. The audit tool will be used indefinitely moving forward to ensure long term compliance with Regulation 2600.141b1.*

*Effective 5-1-26 the administrator will perform monthly review of audit tool to ensure that all DME forms are completed in a timely fashion indefinitely to maintain ongoing compliance with Regulation 2600.141.b.1. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. A copy of the audit tool will be kept in compliance with Regulation 2600.65a.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Implemented [redacted] - 06/22/2026)***

## 182b - Prescription Medication

**6. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Direct care staff person A is currently a licensed practical nurse (LPN). According to direct care staff person A, direct care staff person A has not administered medications to resident [redacted] since on or around [redacted]. When direct care staff person A is scheduled in the home to administer medications, direct care staff person A will prepare resident [redacted] medications into a medication cup at resident [redacted] medication administration times and give the medication cup to another direct care staff person, who is not qualified to administer medications in accordance with 2600.182b, to administer the medications to resident [redacted] On the following dates/times, numerous unqualified direct care staff persons administered medications to resident [redacted]*

*On [redacted] at approximately 4:00pm, direct care staff person C administered [redacted] -Take 1 tablet orally twice daily to resident [redacted]*

## 182b Prescription Medication (continued)

*On [redacted] at approximately 9:00pm, direct care staff person B administered the following medications to resident [redacted]*

- [redacted]

*On [redacted] at approximately 6:00pm, direct care staff person C administered the following medications to resident [redacted]*

- [redacted]

*On [redacted] at approximately 9:00pm, direct care staff person C administered the following medications to resident [redacted]*

- [redacted]

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to meet with the entire staff to notify that only RCA that have gone through med tech training are able to administrate medications to residents. Resident [redacted] would not allow any of the med techs into [redacted] room to administer [redacted] medications reporting that [redacted] would not take any medications if they brought in. The med tech would prepare [redacted] medications and while standing at the door of resident [redacted] room observe a direct care staff lie [redacted] pills on [redacted] table. The administrator phoned resident [redacted] physician to see if [redacted] is able to administer [redacted] own medications. Approval was obtained. [redacted] RASP was updated by the administrator on 5 8 26 to indicate that [redacted] is able to self administer [redacted] medications. Certified med techs are to prepare [redacted] medications and take into [redacted] room letting [redacted] know that they are on [redacted] table.*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will review the administration records on 5 residents on a weekly basis to ensure that the medications are signed off correctly with a completion date of 5 20 26 and ongoing. An audit tool will be developed to ensure accuracy,*

*Effective 5 1 26 the administrator or designee will perform weekly audits on 5 residents medication administration record to ensure meds are documented correctly with only staff that are med tech trained. through 5 20 26 and ongoing to maintain ongoing compliance with regulation 2600.182b Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Implemented [redacted] - 06/22/2026)***

## 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**

*At the time of inspection, a bottle of resident [redacted] was present in the home's medication cart; however, this medication was discontinued on [redacted].*

## 183d Prescription Current *(continued)*

**Plan of Correction** ***Directed [redacted] - 05/29/2026)***

*in response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing immediate action was taken on 5 1 26 by the administrator to remove the bottle of discontinued Guaifenesin from the med cart and dispose of medication.*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will do weekly med cart audits to ensure that the medications in the med cart match what is listed on the MAR. The administrator will re instruct all staff members who are qualified to administer medications upon receipt of a discontinued order the medication needs to be removed from the med cart. (DIRECTED: The staff education shall be completed by 6/20/26. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 5/29/26).*

*Effective 5 1 26 the administrator or designee will perform weekly med cart audits on 5 different residents to ensure that all medications on the MAR correspond with physician orders any medications that have been discontinued will be removed from the cart. The weekly cart audit will be ongoing to maintain ongoing compliance with Regulation 2600.183d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/20/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 184a - Resident's Meds Labeled

**8. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident [redacted] is currently prescribed [redacted] daily in 4oz of water; however, resident [redacted] pharmacy label indicates [redacted] Administer 1 packet orally in 4 8oz of beverage once daily as needed.*

**Plan of Correction** ***Directed [redacted] 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to review the orders for resident 2 Healthy Lax and updated the labels on the medication by printing the order from the MAR and taping over the incorrect directions and applying a direction change sticker.*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will review all orders for all residents to ensure that the orders match what is listed on the MAR. The administrator or designee will reinstruct all staff members that are qualified to administer medications on the need to read all medications label carefully making sure that the label matches the MAR to be incompliant with Regulation 2600.184a. (DIRECTED: The staff education shall be completed by 6/20/26. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 5/29/26). The audits will be used indefinitely to ensure long term compliance. The documentation of the education will be kept. Weekly med cart inspections will be performed on 5 different residents to ensure accuracy with an end date of 5 20 26 and ongoing. An audit tool will be used to maintain compliance and will be kept according to Regulation 2600.65a,*

*Effective 5 1 26 the administrator or designee will perform weekly med cart audits ensuring that original container*

## 184a - Resident's Meds Labeled (continued)

*for prescription medications will be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration through 5-20-26 and ongoing to maintain compliance with Regulation 2600.184a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of audit will be kept in compliance with Regulation 2600.65a.*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/20/2026*

***Not Implemented - 06/22/2026)***

## 185a - Implement Storage Procedures

**9. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident is currently prescribed blood glucose checks twice weekly on Mondays and Thursdays. On the following dates/times, resident blood glucose readings were incorrectly documented on resident April 2026 medication administration record (MAR):*

- *On at the 7:47am, resident glucometer indicated a blood glucose reading of ; however was documented on resident s April 2026 MAR as*
- *On at the 8:16am, resident s glucometer indicated a blood glucose reading of however was documented on resident s April 2026 MAR as*
- *On at the 8:02am, resident glucometer indicated a blood glucose reading of ; however was documented on resident April 2026 MAR as*
- *On at the 7:53am, resident s glucometer indicated a blood glucose reading of ; however was documented on resident April 2026 MAR as*
- *On at the 7:41am, resident s glucometer indicated a blood glucose reading of ; however was documented on resident April 2026 MAR as*

**Plan of Correction** ***Directed 05/29/2026)***

*In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the administrator to meet with all med techs to reeducate on the importance of documenting all blood sugar readings and making sure that the readings are documented correctly in the MAR according to the readings obtained. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. 5/29/26). If resident obtains own blood sugars or has the visiting nurse seeing the med tech is to verify the reading by viewing the memory of the glucometer with what is being told from resident or visiting nurse.*
*To enhance the currently compliant operations, on 5-1-26 the administrator will develop an audit tool that will be used to ensure that all glucometer readings are documented correctly on the administration record. All residents with glucometer readings will have the readings in the history of the meter compared to the readings in the administration record.*
*Effective 5-1-26 the administrator or designee will perform weekly glucometer checks to ensure that the blood sugar readings match the readings documented on the administration record this will be ongoing to maintain ongoing compliance with Regulation 2600.185a. (DIRECTED: The weekly audits shall include all residents prescribed blood*

## 185a Implement Storage Procedures (continued)

*glucose checks. [redacted] 5/29/26). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/20/2026*

***Not Implemented [redacted] 06/22/2026)***

## 187a - Medication Record

**10. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident [redacted] is currently prescribed [redacted] tablet Take 1 tablet orally daily; however, this medication is not indicated on resident [redacted] April 2026 MAR.*

*Resident [redacted] is currently prescribed [redacted] Take 2 tablets by mouth once daily at bedtime; however, resident [redacted]s April 2026 MAR does not include the prescribed dosage of this medication.*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to review the orders for resident [redacted] and [redacted] Spoke with resident [redacted] physician verbal order obtained to discontinue Amlodipine the medication was pulled from med cart and destroyed. Resident [redacted] medication of Senna was updated in the MAR to include the prescribed dosage of this medication after speaking with physician.*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will do weekly med cart audits to ensure that the medication labels match what is listed on the MAR and only medications that are currently ordered on in the med cart. The med techs will be reinstructed to read all medication labels and to match the MAR and remove any discontinued medications from the cart with a completion date of 5 20 26 and ongoing. to be compliant with Regulation 2600.187a,*

*Effective 5 1 26 the administrator or designee will perform weekly med cart audit on 5 residents keeping a medication record for each resident for whom medications are administered. Making sure that direction on the*

## 187a - Medication Record (continued)

*medication label and MAR match any inconsistencies will be corrected immediately. Any medications that have been discontinued will be removed from the med cart. through 5-20-26 and ongoing to maintain ongoing compliance with Regulation 2600.187a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of the staff education will be kept.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Not Implemented ( - 06/22/2026)***

## 187b - Date/Time of Medication Admin.

**11. 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**

*Direct care staff person A is currently a licensed practical nurse (LPN). According to direct care staff person A, direct care staff person A has not administered medications to resident since on or around . When direct care staff person A is scheduled in the home to administer medications, direct care staff person A will prepare resident s medications into a medication cup at resident medication administration times and give the medication cup to another direct care staff person, who is not qualified to administer medications, to administer the medications to resident On the following dates/times, numerous unqualified direct care staff persons administered medications to resident however, direct care staff person A documented the medications as administered on resident s April 2026 MAR:*

*On at approximately 4:00pm, direct care staff person C administered tablet-Take 1 tablet orally twice daily to resident however, direct care staff person A documented this administration on resident April 2026 MAR.*

*On at approximately 9:00pm, direct care staff person B administered the following medications to resident however, direct care staff person A documented these administrations on resident s April 2026 MAR:*

- 
- 
- 

*On at approximately 6:00pm, direct care staff person C administered the following medications to resident however, direct care staff person A documented these administrations on resident April 2026 MAR:*

- 
- 

*On at approximately 9:00pm, direct care staff person C administered the following medications to resident however, direct care staff person A documented these administrations on resident April 2026 MAR:*

- 
- 
- 

**Plan of Correction** ***Directed - 05/29/2026)***

*In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5-1-26 by the administrator called speak with resident physician to obtain approval to*

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

*have resident administer [redacted] own medications. Resident [redacted] refuses to let any med tech into [redacted] room to administer [redacted] medications. [redacted] reports [redacted] would rather go without [redacted] medications than have certain people in [redacted] room. Approval was obtained. Med techs are to prepare [redacted] medications and take into [redacted] room and place on table for [redacted] to take. Resident [redacted] RASP was updated stating [redacted] is able to self-administer [redacted] medications*

*To enhance the currently compliant operations, on 5-1-26 the administrator met with all RCA that are qualified to pass medications to re-educate that only RCA that have completed and passed medication administration training are able to administer meds and document that medication was given. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 5/29/26). Instructed all med tech that they are to prepare resident [redacted] medications and take into [redacted] room and leave on table per physician's order. Will review the MAR to ensure that all medications are marked off according to date and time,*

*Effective 5-1-26 the administrator will perform weekly checks of the administration record on 5 residents' weekly to ensure that all medications are documented correctly. The audit and education will be kept and reviewed in the quality assurance meeting monthly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *05/28/2026*

***Not Implemented [redacted] 06/22/2026)***

## 191 - Resident Right to Refuse

**12. Requirements**

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*Resident [redacted] was discharged from the home in December 2025, then re-admitted back to the home on [redacted] however, resident [redacted] record does not include a statement indicating the resident was educated on their right to question or refuse a medication if they believe there to be a medication error after the re-admission on [redacted].*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the administrator to have resident [redacted] sign all admission paperwork. Resident was instructed on [redacted] rights and all contents of the agreement were explained to [redacted]*

*To enhance the currently compliant operations, on 5-1-26 the administrator will review all new admission's paperwork within 24 hours to ensure that all aspects of the agreement are signed and explained to resident and designated person. The administrator will create an audit tool to begin using on 5-2-26 when reviewing new admission's paperwork to ensure compliancy with regulation 2600.191. The new admission checklist shall be used indefinitely moving forward to ensure long term compliance.*

*Effective 5-1-26, the administrator will review all resident's admission agreements ensuring that the agreement between the resident and the home prior to admission, or within 24 hours after admission, are signed and the contents explained to the resident and the resident's designated person if any, through 5-20-26 and ongoing to be incompliance with regulation 2600.191. All audit tools will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

## 191 Resident Right to Refuse *(continued)*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Not Implemented ( - 06/22/2026)***

## 224a - Preadmission Screen Form

**13. Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident was discharged from the home in December 2025, then re admitted back to the home on however, a new preadmission screening form was not completed for resident after the re admission on .*

**Plan of Correction** ***Directed 05/29/2026)***

*In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to reevaluate Resident and complete a preadmission screening form.*
*To enhance the currently compliant operations, on 5 1 26 the administrator will ensure that all preadmission screening forms are completed in entirely within 30 days prior to admission or day of admission with copy of documentation placed in resident's chart,*
*Effective 5 1 26 the administrator will review all preadmission screening forms with in 24 hours ensuring a determination is 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 to be in compliance with Regulation 2600.244a. An audit form will be developed by the administrator to ensure that the form is completed in its entirety and will be kept.*

*DIRECTED: By 6/10/26: The administrator/designee shall review all current resident records to ensure each resident has a completed preadmission screening present in their record. 5/29/26*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/10/2026*

***Not Implemented 06/22/2026)***

## 225a - Assessment 15 Days

**14. Requirements**

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident was discharged from the home in December 2025, then re admitted back to the home on however, a new assessment was not completed for resident after the re admission on*

**Plan of Correction** ***Directed - 05/29/2026)***

*In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate*

## *225a - Assessment 15 Days (continued)*

*action was taken on 5-1-26 by the administrator to review resident [redacted] condition and complete a new assessment form and care plan. A new admission checklist is used to ensure timely completion at admission.*
*.To enhance the currently compliant operations, on 5-1-26 the administrator will review all current resident's records with in 24 hours to ensure that all residents have an assessment present.*
*Effective 5-1-26 the administrator will perform yearly reviews of all residents to ensure that the assessment and care plans are completed yearly or with any change in condition ongoing to maintain ongoing compliance with Regulation 2600.225a. An audit tool will be developed to ensure that all assessments and care plans are completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The audit tool will be kept and reviewed at the monthly quality assurance meetings.*

*DIRECTED: By 6/10/26: The administrator/designee shall review all current resident records to ensure each resident has a completed assessment present in their record. [redacted] 5/29/26*

*DIRECTED: By 6/5/26: The administrator shall develop and implement a new admission checklist to ensure a timely assessment is completed for all newly-admitted residents in accordance with 2600.225a. Copies of the completed checklists shall be kept in each resident's record. [redacted] 5/29/26*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/10/2026*

***Not Implemented [redacted] - 06/22/2026)***

## 225c - Additional Assessment

**15. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

**Description of Violation**

*Resident [redacted] most recent assessment was completed on [redacted].*

**Plan of Correction** ***Accept [redacted] - 05/29/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5-1-26 by the administrator to review resident [redacted] condition and complete a new assessment form and care plan.*
*To enhance the currently compliant operations, on 5-1-26 the administrator will review all current resident's assessment plans and care plans to ensure that they are done yearly or with any changes in a timely fashion with a completion date of 5-20-26 and ongoing to be in compliance with Regulation 2600.225c,*
*Effective 5-1-26 the administrator will perform yearly reviews of all residents to ensure that the assessment and care plans are completed yearly or with any change in condition through 5-20-26 and ongoing to maintain ongoing compliance with Regulation 2600.225c. The administrator developed an audit tool to be implemented immediately to ensure that all assessments and care plans are completed. The administrator will review and update the audit tool on a monthly basis. Any deficiencies will be corrected immediately, and findings will be documented and reviewed*

## *225c Additional Assessment (continued)*

*internally for continuous improvement purposes. The audit tool will be kept and reviewed at monthly quality assurance meeting.*

**Licensee's Proposed Overall Completion Date:** *05/28/2026*

***Implemented ( - 06/22/2026)***

## 227a - Support Plan 30 Days

**16. 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**

*Resident was discharged from the home in December 2025, then re admitted back to the home on ; however, a new support plan was not completed for resident after the re admission on*

**Plan of Correction** ***Directed - 05/29/2026)***

*In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to review resident condition and complete a new assessment form and care plan.*
*To enhance the currently compliant operations, on 5 1 26 the administrator will develop and utilize a new admission checklist to ensure timely completion at admission. (DIRECTED: The new admission checklist shall be implemented by 6/5/26. Copies of the completed checklists shall be kept in each new admission's record. 5/29/26).*
*An audit tool will be developed to ensure that all assessments and care plans are completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The audit tool will be kept and reviewed at the monthly quality assurance meetings.*

*DIRECTED: By 6/10/26: The administrator/designee shall review all current resident records to ensure each resident has a completed support plan present in their record. 5/29/26*

*Proposed Overall Completion Date: 05/28/2026*

**Directed Completion Date:** *06/10/2026*

***Not Implemented - 06/22/2026)***

## 254c - Records Storing

**17. Requirements**

2600.
254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

**Description of Violation**

*At 9:07am, a narcotic count binder was unlocked, unattended and accessible on top of the medication cart near the dining room, which contained numerous narcotic count sheets, to include the following:*

*254c Records Storing (continued)*

- *Resident* [redacted]
- *Resident* [redacted]
- *Resident* [redacted]

**Plan of Correction** ***Accept*** [redacted] ***- 05/21/2026)***

*In response to the violation on* [redacted] *by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5 1 26 by the administrator to immediate remove the narcotic books from the med cart and lock in the med room.*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will do daily spot checks on the med carts ensuring that the narcotic books are locked in a secure location, computers are logged off, med carts are locked and empty med cards are removed from top of cart. The med techs will be reinstructed on the need of this when not by the med carts to maintain HIPPA with a completion date of 5 20 26,*

*To enhance the currently compliant operations, on 5 1 26 the administrator or designee will do daily spot checks on the med cart ensuring that the med tech have removed the narcotic books, signed off the laptops and locked the med cart. With a completion date of 5 20 26 and ongoing to be incompliance with Regulation 2600.254. An audit tool will be used to maintain compliance and will be kept in accordance with Regulation 2600365a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *05/20/2026*

***Not Implemented*** [redacted] ***06/22/2026)***