



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KAREN ADAMS
LEGAL ENTITY

To operate THE ADAMS HOUSE
NAME OF FACILITY OR AGENCY

Located at 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022
(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 21
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 June 23, 2026 until December 23, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413711**

Janette Biderup
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.



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 23, 2026

[REDACTED]
Karen Adams
[REDACTED]

RE: The Adams House
License/COC #: 413711

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on February 3, 2026, and April 2, 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 413710) dated May 12, 2026 – May 12, 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 JUNE 23, 2026 to DECEMBER 23, 2026.

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

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

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

89(b)

20

\$ 3

\$ 60

15 calendar days from
mailing date of this letter

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

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

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

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

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

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: THE ADAMS HOUSE **License #:** 41371 **License Expiration:** 05/12/2026
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022
County: WASHINGTON **Region:** WESTERN

Administrator

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

Legal Entity

Name: KAREN ADAMS
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 01/02/1998 **Issued By:** L&I

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 02/03/2026

Inspection Dates and Department Representative

02/03/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 21 **Residents Served:** 21

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 21 **Are 60 Years of Age or Older:** 15
Diagnosed with Mental Illness: 21 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/03/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/20/2026

Inspections / Reviews (*continued*)

02/24/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/09/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/27/2026

02/27/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/09/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/09/2026

05/05/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/09/2026
Reviewer: [REDACTED] Follow Up Type: Exception

19 - Review Waiver

1. Requirements

2600.

19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On [redacted] the home received a waiver of 55 Pa.Code § 2600.54(a)(2) for direct care staff person A. The home failed to post a copy of the waiver request and the Department's written decision in a conspicuous and public place within the home.

Plan of Correction

Accepted [redacted] 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by the Administrator to post the copy of the waiver request and the Dept's written decision in a public place within the home.

To enhance the currently compliant operations, on 02/25/2026 the Director will add a "Posting" step to any New Waiver publication and conduct a quality management meeting with the administrator, with a completion date of 03/06/2026.

Effective 03/02/2026 the Director will perform annual reviews of waiver requests and written decisions and review annually, through 03/02/2027 to maintain ongoing compliance with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] - 05/05/2026)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted], direct care staff person B was the only staff person with current medication administration training. There are multiple residents living in the home that are prescribed pro re nata (PRN) medication to include resident [redacted] resident [redacted] and resident [redacted]. However, on numerous dates there were no staff present with current medication administration training as specified in §2600.190(a) to provide medication if requested by any resident to include:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

60a - Staff/Support Plan (continued)

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation of [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/03/2026 by the Administrator to remove those staff from med duties until practicums are passed.

To enhance the currently compliant operations, on 02/04/2026 the Administrator arranged a qualified home health nurse educator trainer to conduct the medication administration training on February 12, 2026, with a completion date of 02/12/2026. Any failed staff courses or new hires will be hired for direct care staffing and will not participate for any med passes until they are trained and tested and passed.

Effective 02/12/2026 the Administrator will perform monthly audits of scheduling for appropriate staff to meet the needs of the residents, through 02/12/2027 to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Not Implemented [redacted] - 05/05/2026)

64c - Annual Training

3. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Direct care staff person C, the home's administrator, had only 17.25 hours of administrator training in the 2025 calendar training year.

Plan of Correction

Accept [redacted] - 02/27/2026)

Updated, please see below. Thank you.

In response to the violation of [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by the Administrator to conduct a search for classes for the appropriate CEUs for the missing 6.75 hours.

To enhance the currently compliant operations, on 02/22/2026 the Administrator located training hours via a fire training course held in person at the home to be scheduled for March and additional CEUs via Temple University where they are scheduled for two April 6 hour spring CEU courses with each course logging 3 hours towards the CEU count to be completed toward the CEU debt with completion date of 04/29/2026.

64c Annual Training (continued)

**Update: On 2/24/2026, the administrator purchased administrator training to be completed on Monday, March 2, 2026 through Penn State. These hours will be completed for the missed training hours and will not be counted for the current training year. Please see attached. Documentation of all the missed trainings and the up to date administrator trainings will be kept for the Dept. to review.*

Effective 03/2/2026 the Director will perform quarterly checks for appropriate ongoing CEUs for the administrator to fulfill the 24 annual every year, through 03/2/2027 to maintain ongoing compliance with ensuring an administrator has at least 24 hours of annual training relating to the job duties, with the understanding that the Department approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

In addition to the seasonal courses offered by Temple, the Director will utilize the weekly classes for the Administrator through PA TC Learning Network webinars. Documentation for this year's CEU will be kept separate.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

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

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:16 a.m., the freezer portion of the Frigidaire combination refrigerator and freezer located in the home's kitchen had bits of unidentifiable food debris and frozen orange and brown liquids of unknown origin frozen to the base of the freezer. Additionally, the freezer door gaskets were caked with an unidentifiable brown residue of an unknown origin.

At approximately 11:45 a.m., there was an approximate one eighth of an inch thick layer of loose rolling tobacco frozen to the home's air conditioning unit located underneath the rear deck.

Plan of Correction

Accepted [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by Maintenance to clear the A/C exterior.

Furthermore, the kitchen refrigerator has been replaced 2/18/26.

To enhance the currently compliant operations, on 3/4/2026 Maintenance will follow a weekly checklist to maintain sanitary conditions of the refrigerators, freezers, and area under the deck, with a completion date of 03/4/2026.

85a Sanitary Conditions (continued)

Effective 03/2/2026 the Administrator will perform monthly inspections of the fridges, freezers, and under the deck A/C area, through 03/2/2027 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] - 05/05/2026)

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 11:00 a.m., the lid for the trash can in the shared half bathroom located off the home's living room was broken and sitting to the left of the trash can, and within the trash can were several toilet paper rolls and sanitary wipes that had stains of what appeared to be bowel movement.

Plan of Correction

Accept [redacted] 02/27/2026)

Updated, please see below. Thank you.

In response to the violation on 02/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by the Administrator to replace with a functional covered bin.

To enhance the currently compliant operations, on 03/4/2026 Maintenance will do a weekly check for trash cans with lids, with a completion date of 3/4/2027.

*Update: Documentation of these checks will be kept for the Dept. for review.

Effective 3/2/2026 the Administrator will perform monthly inspections of kitchens and bathrooms having operable trash cans with lids, through 03/2/2027 to maintain ongoing compliance with keeping trash in kitchens and bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

*Update: Documentation of these inspections will be kept for the Dept. for review.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] 05/05/2026)

88a - Surfaces

6. Requirements

2600.

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

Description of Violation

At approximately 10:30 a.m. in the first floor bathroom to the left of the medication room, the second tile to the right of the toilet from a seated position was cracked in three areas and one area that measured approximately four-inches wide at the narrowest point by approximately fourteen-inches long and six-inches at the widest point was detached from the sub-floor, would lift approximately one-quarter inch when stepped on and exposed a rough edge that created a hazard for residents.

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation of [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/4/2026 by Administrator to order the supplies. Then on 2/18/2026 Maintenance removed and replaced the tile to ensure flush surface.

To enhance the currently compliant operations, on 03/4/2026 Maintenance will have a weekly floor-integrity audit for good repair and will inspect areas of concern if reported by residents and staff, with a completion date of 3/4/2027.

Effective 03/02/2026 the Administrator will perform monthly inspections for good repair of the flooring surfaces, through 3/2/2027 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Not Implemented [redacted] - 05/05/2026)

89b - Hot Water Temperature

7. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 11:00 a.m. the temperature for the water at the sink in the half bathroom located off the home's living room measured 123 degrees Fahrenheit.

At approximately 12:13 p.m., the water temperature at the sink in the second-floor full common bathroom measured 127.8 degrees Fahrenheit.

Repeat Violation - [redacted]

89b Hot Water Temperature (continued)**Plan of Correction****Accept** [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by Maintenance to adjust the water heater/mixing valves to 120°F and check to ensure the temperatures measured below 120.

To enhance the currently compliant operations, on 03/4/2026 Maintenance will log water temperature daily per shift for the areas accessible to the resident by sampling one sink per check on a rotating schedule, with a completion date of 03/4/2027.

Effective 3/2/2026 the Administrator will perform monthly checks of water temperatures for the resident accessible areas, through 03/2/2027 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Not Implemented [REDACTED] - 05/05/2026)

95 - Furniture and Equipment**8. Requirements**

2600.

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

Description of Violation

At approximately 10:18 a.m. the doorknob latch for the door from the main entrance to the living room was missing the latch and the home was using a surgical mask that was taped over the latch hole with masking tape to keep the door closed.

At approximately 11:13 a.m., the drawer above the kitchen cabinet to the left of the home's stove was missing.

At approximately 11:19 a.m., the plastic shelf housing that held the glass insert above the fruit and vegetable crisper drawer section of the home's Frigidaire refrigerator located in the kitchen was cracked, broken and exposed the edge of the glass shelving insert.

Plan of Correction**Accept** [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/18/2026 by Maintenance to replace the doorknob for the main entrance area and began to install a dummy drawer for the kitchen.*
- 2. on 02/18/2026 by Administrator to contact the appliance provider to order a new refrigerator/freezer for the kitchen.*

To enhance the currently compliant operations, on 03/04/2026 Maintenance will conduct a monthly repair audit log for furniture, fixtures, and appliances and will communicate with residents and staff for any additional replacements or repair needs for furniture and equipment, with a completion date of 3/4/27.

95 - Furniture and Equipment (continued)

Effective 03/02/2026 the Administrator will perform quarterly inspections of for furniture and equipment to be in good, clean, safe working order, through 03/02/2027 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] - 05/05/2026)

100b - Removal Snow/Obstructions

9. Requirements

2600.

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

Description of Violation

At approximately 12:02 p.m. there was a patch of ice approximately one-quarter inch thick directly outside the emergency exit door from the second floor to the rear deck that presented a slipping hazard on the emergency exit pathway.

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/03/2026 by the Administrator to clear the ice patch and apply salt to the exit path.

To enhance the currently compliant operations, on 03/04/2026 the Maintenance is assigned a daily shift morning egress check during winter months for ice and snow accumulation, with a completion date of 3/4/27.

Effective 03/02/2026 the Administrator will perform weekly checks of exit doors, decks, and pathways clear of ice and snow, through 03/02/2027 to maintain ongoing compliance with ensuring that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] - 05/05/2026)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

At approximately 10:52 a.m., the bedside light for resident [redacted] in the shared resident bedroom [redacted] belonging to resident [redacted] and resident [redacted] was not within reach of bedside. The light was positioned at the foot of the bed and resident [redacted] indicated resident [redacted] never sleeps within arm's reach of the light.

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by maintenance to move the lamp within arm's reach of the resident.

To enhance the currently compliant operations:

- 1. on 03/4/2026 Maintenance will perform monthly checks that the lighting is reachable at the bedside for each resident, with a completion date of 03/4/2027.
- 2. on 03/4/2026 the Maintenance will begin to verify lighting placement during new resident move ins, with a completion date of 03/4/2027.

Effective 03/02/2026 the Administrator will perform quarterly checks of arm's reach placement of an operable lamp for each resident bedside, through 03/02/2027 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Not Implemented [redacted] - 05/05/2026)

101o - Walls, Floors, Ceilings

11. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At approximately 11:59 a.m., there were two and one half drop ceiling tiles missing over resident [redacted]'s bed in resident room [redacted] belonging to resident [redacted] and resident [redacted]

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/18/2026 by Maintenance to did a visual audit of areas in need of drop ceiling tile replacement.
- 2. on 02/18/2026 by Administrator to order the amount of drop ceiling tiles needed for installation.

To enhance the currently compliant operations:

- 1. on 02/23/2026 the Maintenance will install new drop ceiling tiles, with a completion date of 02/23/2026.
- 2. on 03/4/2026 Maintenance will inspect ceiling integrity during monthly ceiling checks and repair or replace those tiles as needed and will audit a stock of tiles for ongoing needs, with a completion date of 03/04/2027.

101o - Walls, Floors, Ceilings (continued)

Effective 03/02/2026 the Administrator will perform quarterly reviews assuring no drop-ceiling tiles are damaged, discolored, or missing and are replaced within 24 hours by maintenance upon inspection, through 03/02/2027 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented () - 05/05/2026)

107c - Food/Water 3 Day Supply

12. Requirements

2600.

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

Description of Violation

On () the home's census was 21 residents requiring 63 gallons of emergency drinking water, however, the home's supply consisted of 51 gallons of emergency drinking water.

Plan of Correction

Accepted () 02/24/2026)

In response to the violation on () by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/18/2026 by the Administrator to order 12 gallons of drinking water for storage.

To enhance the currently compliant operations, on 03/2/2026 the Administrator will perform a monthly inventory of emergency food/water supplies, with a completion date of 03/2/2027.

Effective 03/02/2026 the Director will perform quarterly audits ensuring the home has a supply of at least 3-days worth of emergency drinking water according to the census, through 03/02/2027 to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented () - 05/05/2026)

132a - Monthly Fire Drill

13. 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 month of January 2026.

132a Monthly Fire Drill (continued)

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2026 by the Fire Drill Staff Supervisor to conduct a successful unannounced fire drill.

To enhance the currently compliant operations:

- 1. on 02/06/2026 the Fire Drill Staff Supervisor had communication with the Director on the fire drill expectations of the time frame drills are expected to be within, with a completion date of 02/06/2026.
- 2. on 02/23/2026 the Administrator will arrange a fire training course for March to be held within the home in cooperation with the Fire Drill Staff Supervisor, where the fire expert will present a class for all staff, will conduct a supervised fire drill with the Fire Drill Staff Supervisor, and run a fire safety inspection with the home all to establish fire safety preparedness, proper evacuation practices, and effective resident and staff compliance with the drills, with a completion date of 03/04/2026.
- 3. on 03/2/2026 the Director will provide written education materials for the Fire Drill Staff Supervisor to review to ensure compliance with a monthly fire drill, with a completion date of 03/2/2026.

Effective 03/02/2026 the Director will perform monthly reviews by recurring monthly calendar alerts to check drills, through 03/02/2027 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] 05/05/2026)

132d - Evacuation

14. Requirements

2600.

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

On [redacted] at 11:35 a.m. the home conducted a fire drill with 21 residents in the home. However, the fire drill record indicated that 16 residents were evacuated to a public thoroughfare or to a fire safe area designated in writing within the past year by a fire safety expert.

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2026 by the Fire Drill Staff Supervisor to conduct a successful unannounced fire drill.

To enhance the currently compliant operations:

- 1. on 02/06/2026 by the Director to verbally communicate with the Fire Drill Staff Supervisor on the fire drill expectations that the success of a fire drill is based off of full evacuation participation so however many

132d - Evacuation (continued)

residents are in the home at the time of the drill is the amount that need to evacuate, with a completion date of 02/06/2026.

- 2. on 02/08/2026 by Fire Drill Staff Supervisor to conduct a new fire drill that is ensuring 100% evacuation participation.
- 3. on 02/23/2026 by the Administrator to arrange a fire training course for March to be held within the home in cooperation with the Fire Drill Staff Supervisor, where the fire expert will present a class for all staff, will conduct a supervised fire drill with the Fire Drill Staff Supervisor, and run a fire safety inspection with the home all to establish fire safety preparedness, proper evacuation practices, and effective resident and staff compliance with the drills.

To enhance the currently compliant operations, on 03/2/2026 the Director will conduct a written review and action plan with the Fire Drill Staff Supervisor so the evacuation protocols are clear to ensure success of mobility-impaired residents and those experiencing crisis during evacuation, this will emphasize de-escalation and practice techniques, so a 100% success rate for evacuations is completed or a fire drill re-run needs done, with a completion date of 03/2/2026.

Effective 3/2/26, the Director will perform monthly reviews of recurring monthly calendar alerts to check the status of drills and the evacuation rate and any instances of failure, through 03/02/2027 to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] 05/05/2026)

132g - Fire Drills Days/Times

15. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has routinely held fire drills on the same day of the week to include:

- Tuesday, [REDACTED] at 12:05 a.m.
- Tuesday, [REDACTED] at 4:59 p.m.
- Tuesday, [REDACTED] at 11:45 p.m.

Plan of Correction

Accepted [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2026 by the Fire Drill Staff Supervisor to conduct a successful unannounced fire drill.

132g - Fire Drills Days/Times (continued)

To enhance the currently compliant operations:

1. on 02/06/2026 by the Director verbally communicated with the Fire Drill Staff Supervisor on the fire drill expectations that the success of the fire drill safety plan is to vary the times of day and days of the week to assure the fire drills are being done in a variety of scenarios, with a completion date of 02/06/2026.

2. on 02/08/2026 by Fire Drill Staff Supervisor to conduct a new fire drill that is not on a typical Tuesday but on a Sunday.

3. on 02/23/2026 by the Administrator to arrange a fire training course for March to be held within the home in cooperation with the Fire Drill Staff Supervisor, where the fire expert will present a class for all staff, will conduct a supervised fire drill with the Fire Drill Staff Supervisor, and run a fire safety inspection with the home all to establish fire safety preparedness, proper evacuation practices, and effective resident and staff compliance with the drills.

To enhance the currently compliant operations, on 03/2/2026 the Director will conduct a written review and action plan with the Fire Drill Staff Supervisor to ensure that the fire drills are providing a variety of situations to increase experiential success with varying times of day and varying days of the week, with a completion date of 03/2/2026.

Effective 3/2/26, the Director will perform monthly reviews of recurring monthly calendar alerts to check the status of drills and if they are being done on a variety of timings, through 03/02/2027 to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [redacted] - 05/05/2026)

141b1 - Annual Medical Evaluation

17. Requirements

2600.

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

Description of Violation

The most recent medical evaluation for resident [redacted] was dated [redacted]

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/03/2026 by the Director to manually review the files to ensure the DME was completed but not missing and was unsuccessful and overdue.
- 2. on 02/04/2026 by the Administrator communicated with the Resident's physician to get the Resident seen and an updated annual document via the newest medical evaluation form.
- 3. on 02/16/2026 by the Director to ensure the physician saw the Resident and then completed the annual

141b1 - Annual Medical Evaluation (continued)

medical evaluation on 2/17/26 for the Resident with accuracy to their current condition.

To enhance the currently compliant operations, on 02/25/2026 the Director will audit all resident files for updated DMEs and any updates or missing DMEs will be updated via the resident physician immediately, with a completion date of 2/26/2026.

Effective 03/02/2026 the Director will perform weekly reviews of current DME calendar updates created into alerts and a monthly physical audit of 5 of the resident records in a rotation to ensure compliance with annual med evals, through 03/02/2027 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

144c1 - Smoking Area Guidelines**18. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 11:45 a.m. there were as many as 32 cigarette butts strewn on the emergency exit pathway underneath the home's deck and designated smoking area.

Plan of Correction

Accept [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/14/2026 by Maintenance to clean cigarette butt debris at the smoking area and under the porch.

To enhance the currently compliant operations:

1. *on 03/02/2026 Maintenance will provide daily shift "Smoking Area" sweeping and positioning of fire safe receptacles, with a completion date of 3/2/27.*
2. *on 03/06/2026 the Administrator will provide education and awareness to be presented to the residents and staff on the current smoking policy rules to instill additional safety emphasis, with a completion date of 3/6/26.*
3. *on 03/04/2026 the Administrator will conduct a scheduled staff fire training and fire safety inspection to occur immediately in March, with a completion date of 3/4/26.*

144c1 - Smoking Area Guidelines (continued)

Effective 03/02/2026 the Administrator will perform monthly inspections of effectiveness of the smoking policy rules, listen to concerns and further educate the residents and staff, review the cleanliness of the smoking area and under the deck, provide additional or replace any needed fire safe receptacles on an ongoing basis, and ensure compliance with the safety standards set forth via the fire training to prevent fires such as our fire extinguisher inspections, fire sprinkler system inspections, and fire box monitoring maintenances, through 03/02/2027 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

The resident and staff education will not be a policy change so we will not be requiring a 30 days notice but it will be a policy review and encouragement of the current policy for fire safety standards. This will be held on March 6, 2026.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] 05/05/2026)

187a - Medication Record

19. Requirements

2600.

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

6. Dose.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet take 2 tablets [REDACTED] by mouth at bedtime. However, resident [REDACTED] February 2026 medication administration record did not indicate the prescribed dosage of [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] tablet, take one and one-half tablet [REDACTED] by mouth at bedtime. However, resident [REDACTED] February 2026 medication administration record did not indicate the prescribed dosage of [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by the Director to communicate with the Administrative Assistant to coordinate with the Pharmacy to update the MARs with full prescribed dosage.

To enhance the currently compliant operations:

1. on 02/12/2026 the Direct Care Staff Administering Medications must verify the MAR vs. label at the start of their med pass, with a completion date of 2/12/27.
2. on 02/04/2026 the Administrator coordinated a class with a Medication Administration Trainer to perform onsite training on 2/12/2026, with a completion date of 2/12/2026.

187a Medication Record (continued)

Effective 03/02/2026 the Director will perform monthly audits of the MAR for properly prescribed dosages being indicated, through 03/02/2027 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including dose. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

187b - Date/Time of Medication Admin.

20. 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

On [REDACTED] at 8:00 p.m., direct care staff person D administered multiple medications to all of the home's residents. However, direct care staff person D did not document their initials in the resident's February 2026 medication administration record at the time of administration and left that area blank to include medications for:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/03/2026 by the Administrator to investigated the medication documentation was a mistake in documentation and that the medication was administered via interviews in the home.
2. on 02/04/2026 by the Administrator to communicated to find a certified Medication Trainer to create a class to train on the administration and documentation of medications in the home. The training was held on 2/12/2026.
3. on 02/23/2026 by the Director to create a notification on the EMAR program to be sent to notify of missed, late, early med passes. Additional settings such as notations will be added once the Director is oriented to the settings on the EMAR to further conduct.

To enhance the currently compliant operations:

1. on 03/06/2026 the Direct Care Staff passing meds will visually audit all their MAR initials before clock out. This will be added to their job duties sheet and a staff meeting will be conducted.
2. on 3/2/26, the Director will begin to audit every 24 hours for holes in the MAR to ensure documentation is completed. Any missing initials will be documented and reported for incident purposes within 24 hours. This daily auditing will occur for 3 months, with a completion date of 6/2/2026.

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

3. on 06/02/2026 the Director will audit weekly thereafter for 3 months. Medication Administration Staff reviews will be completed after this time frame. Retraining will occur with any failure to provide documentation on the MAR, with a completion date of 9/2/2026.

Effective 03/02/2026 the Administrator will perform weekly reviews of medication errors such as missing documentation are being reported, through 9/2/26, to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented () - 05/05/2026

190a - Completion Medication Course

21. Requirements

2600.

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

Description of Violation

Direct care staff person D has not successfully completed the approved medication administration course annual practicum in the past year and was not qualified to administer oral; topical; eye, nose and ear drop prescription medications. However, direct care staff person D administered medications to numerous residents on [redacted] at 8:00 p.m. and on [redacted] at 8:00 p.m. to include the following residents:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Direct care staff person E has not successfully completed the approved medication administration course annual practicum in the past year and was not qualified to administer oral; topical; eye, nose and ear drop prescription medications. However, direct care staff person E administered medications to numerous residents on [redacted] at 8:00 a.m. to include the following residents:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Direct care staff person F has not successfully completed the approved medication administration course annual practicum in the past year and was not qualified to administer oral; topical; eye, nose and ear drop prescription

190a Completion Medication Course (continued)

medications. However, direct care staff person F administered medications to numerous residents on [REDACTED] at 8:00 a.m. to include the following residents:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/03/2026 by the Administrative Assistant investigated the medication practicum lapse was a mistake in regulatory review.
2. on 02/04/2026 by the Administrator to communicated to find a certified Medication Trainer to create a class to train on the administration of medications in the home. The training was held on 2/12/2026.
3. on 03/6/2026 by the Director to made staff education for a staff meeting to review medication administration policy as well as the smoking policy and additional inspection results. This staff meeting will be held on Friday, March 6, 2026.

To enhance the currently compliant operations:

1. on 03/02/2026 the Director will create medication training certification checks alerts on google calendar. The Director will audit the staff records every month to ensure medication administration training is completed for new hires and renewed for recertifying staff. This monthly auditing will occur for 3 months, with a completion date of 6/2/2026.
2. on 06/02/2026 the Director will audit quarterly thereafter for 3 months. Medication Administration Staff reviews will be completed after this time frame. Retraining will occur with any issues, with a completion date of 9/2/2026.

Effective 03/02/2026 the Administrator will perform monthly reviews of all medication administration certificate dates prior to creating the monthly staff schedule for mess passing staff, through 9/2/26, to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

221c - Post Activity Calendar

22. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

221c Post Activity Calendar (continued)

Description of Violation

The home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/03/2026 by the Administrator to investigate that the usual location of the posted recreation calendar was missing the updated calendar.
- 2. on 02/03/2026 by the Director printed a copy of the current recreation schedule.
- 3. on 02/03/2026 by the Administrator posted the calendar in a public spot for the residents and staff to review near the stairs.

To enhance the currently compliant operations, on 03/02/2026 the Director will verify the weekly posting, which in our home is formatted as a monthly calendar, is present and accurate every Monday, with a completion date of 3/2/27.

The Director will create another alert on the google calendar for this calendar to be updated and posted up weekly. Administration will hold a Quality Management Meeting to ensure these clerical duties are added to an updated administrative walkthrough list written log. The Quality Assurance Meeting will be Monday, March 2, 2026.

Effective 03/06/2026 the Administrator will perform weekly inspection and visual check that the weekly activity calendar is publicly posted and ensure it is reposted if missing or damaged, through 03/06/2027 to maintain ongoing compliance with ensuring a current weekly activity calendar is posted in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Not Implemented [redacted] - 05/05/2026)

225c - Additional Assessment

23. Requirements

2600.

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

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted]'s most recent assessment, dated [redacted], was not updated to include diagnoses of [redacted] and [redacted] that were indicated on the resident's current medical evaluation, dated [redacted]

Plan of Correction

Accept [redacted] - 02/24/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/03/2026 by the Director to reviewed the missing diagnosis' indicated on the current medical evaluation.
- 2. on 02/04/2026 by the Director began updating an assessment and support plan with the indicated COPD, Hyperlipidemia, COPD, and Shortness of Breath diagnosis', as well as current health status. This RASP was

225c - Additional Assessment (continued)

completed on 2/8/2026.

To enhance the currently compliant operations, on 03/02/2026 the Director will audit all resident files for updated RASPs to verify diagnosis' indicated are accurate. Any RASPs needing an update will be done so immediately and completed within 5 days of the audit, with a completion date of 3/6/2026.

Effective 03/02/2026 the Director will add this as an alert on google calendars for all audited dates and will perform monthly physical file audits of a 5 resident ample that is rotated to ensure compliance with current physician standards for the indicated diagnosis' for all the recent assessment and support plans to coincide with the resident's current DMEs for 3 months, through 06/2/2026.

Additionally, the Director will audit the physical records for RASPs against the current DME on a quarterly basis thereafter beginning after the audit of 6/2/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including at the request of the Department upon cause to believe that an update is required, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

227d - Support Plan Medical/Dental**24. Requirements**

2600.

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

Description of Violation

The support plan for resident [REDACTED] dated [REDACTED] and updated on [REDACTED] and [REDACTED] indicated the resident has moderate supervision needs, with a plan to meet the service need that indicated "hospice & PCH DCS continue to monitor supervision status." Resident [REDACTED] suffered repeat falls that required transportation to the emergency room for evaluation on dates to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

However, resident [REDACTED] most recent support plan addendum, dated [REDACTED] did not indicate a measurable change in supervision status to prevent further falling incidents.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept [REDACTED] - 02/24/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/03/2026 by the Director to investigate the specifications required to create an accurate plan of care for the supervision needs, mobility assessment, and the repeated falls suffered.
2. on 02/04/2026 by the Director to begin creating an updated RASP with more specific plans for the supervision and fall prevention needs. This RASP was near completion on 2/8/2026 but the assessment was not finalized until the new information for the updated DME exam that was updated. The Director coincided the information for an accurate plan with the physician with the Resident's updated status.

To enhance the currently compliant operations, on 03/02/2026 the Director will audit RASPs monthly to provide specific instruction for the assessment portions where supervision and mobility are concerned. Physician assessment and notation from caretakers will be noted with specific instructions to help provide care. The annual RASP updates will now be created in tandem with the DMEs, with a completion date of 3/2/27.

Effective 03/06/2026 the Administrator will perform quarterly reviews to ensure aging in place safely and continuity of care by reviewing the resident records for RASPs, in coordination with incident reports and DMEs from the physician. This review will be conducted quarterly for 6 months with insight from residents and staff and then again at the annual quality management meeting to measure failures and successes, through 09/09/2026 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

A staff meeting and a Quality Management Review Meeting for Administration will be held March 6, 2026. Documentation will be kept for the Dept to review.

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

Implemented [REDACTED] - 05/05/2026)

Facility Information

Name: *THE ADAMS HOUSE* License #: *41371* License Expiration: *05/12/2026*
 Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *KAREN ADAMS*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/02/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/02/2026*

Inspection Dates and Department Representative

04/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *21* Residents Served: *20*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/02/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/16/2026*

04/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/22/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2026*

Inspections / Reviews *(continued)*

04/23/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/29/2026

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

There are multiple residents living in the home that are prescribed pro re nata (PRN) medication to include resident [redacted] resident [redacted] resident [redacted] and resident [redacted]. On numerous dates to include [redacted] and [redacted], direct care staff person A was the only staff person available from 12:00 a.m. to 8:00 a.m., however, direct care staff person A, hired [redacted], has not completed the Department-approved medication administration training as specified in §2600.190(a) to provide medication if requested by any resident.

Plan of Correction

Accept [redacted] - 04/23/2026)

Staff Person A had a scheduled training which [redacted] completed April 14. Staff Person A did not pass the written portion so that portion needs to be rescheduled. For each of the 12am to 8am shifts, a department-approved medication administration training staff person was on call and was available to administer PRN medications within a 2 minute walking window once notified. Staff Person A was scheduled to attempt the written portion again today April 16, 2026 and was unable to pass, so the department-approved medication administration trainer will conduct a full retest Monday, April 20, 2026. The staff meeting tomorrow will provide insight into the regulations for this and documentation of that meeting will be kept.

Update:

Immediately, 4/17/26, the Administrator scheduled a medication trained staff person to cover the 12am-8am shifts for the week. A backup medication trained staff person agreed to work 12am-8am shifts as needed for call offs. The Administrator has completed a weekly schedule that includes a qualified medication trained staff person for each shift. This weekly schedule format began 4/17/26 and will continue weekly.

The Administrator has completed a weekly review of the schedule format while comparing a weekly audit for the medication training status of each staff so it is verified for the actual scheduled week. This began 4/17/26 and will continue weekly.

Documentation of the weekly schedule and weekly audit review will be kept in accordance with Regulation 2600.65(i).

Please see attached weekly schedule and weekly medication training audit.

Licensee's Proposed Overall Completion Date: 04/22/2026

Not Implemented [redacted] - 05/05/2026)

88a - Surfaces

2. Requirements

2600.

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

Description of Violation

At approximately 10:21 a.m., there were two floor-boards on the main hallway across from the first floor bathroom and across from resident room [redacted] that were disconnected from the subfloor on one side of the board and rose approximately one-quarter inch when pressure was applied.

88a Surfaces (continued)

Plan of Correction

Accept () - 04/23/2026

Immediately, the administrator asked the maintenance staff person to come in that evening and secure the flooring. The maintenance staff person's job checklist has been updated to include flooring checks to be done each shift instead of weekly. The staff meeting tomorrow will provide insight into the regulations for this and documentation of that meeting will be kept.

Update:

The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff.

Documentation of education will be kept in accordance with Regulation 2600.65(i).

Please see attached Staff Education. This education is also for all other Regulations involved in the April 2 inspection.

Licensee's Proposed Overall Completion Date: 04/22/2026

Not Implemented () - 05/05/2026

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 10:15 a.m. the temperature for the water at the sink in the first floor full bathroom measured 129.6 degrees Fahrenheit.

At approximately 10:28 a.m. the temperature for the water at the sink in the half bathroom located off the home's living room measured 128.9 degrees Fahrenheit.

At approximately 10:47 a.m. the temperature for the water at the sink in the second floor full bathroom measured 129 degrees Fahrenheit.

REPEAT VIOLATION ()

Plan of Correction

Accept () - 04/23/2026

Immediately, the administrator asked the maintenance staff person to adjust the water heater again and the maintenance staff person was asked to check the flowing hot water at the faucets instead of checking the setting at the water heater dial. The maintenance staff person's job checklist also designates a hot water temperature check of a running faucet for each shift. Documentation of that check will be kept for the Dept to review. Due to this being a repeat violation, the administrator will continue the administrator check monthly but with a documented log and documentation of that for the Dept will also be kept. The administrator started that check today, April 16, but will complete 3 more faucet checks tomorrow, April 17, 2026 for the month, which is why the attached log shows only one faucet check. The staff meeting tomorrow will provide insight into the regulations for this and documentation of that meeting will be kept.

Update:

The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff.

Documentation of education will be kept in accordance with Regulation 2600.65(i).

Please see attached Staff Regulation Education. (Attached to 60a)

89b - Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 04/22/2026

Not Implemented () - 05/05/2026

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 10:48 a.m., the bedside light for resident [redacted] in the shared resident bedroom #4 belonging to resident [redacted] and resident [redacted] was not operational, the light was unplugged and all available outlets were filled.

Plan of Correction

Accept () - 04/23/2026

Immediately, the administrator purchased a safety surge protector style plug for the bedside lamp for resident [redacted] and [redacted]. Those residents also have been educated on the importance of keeping the bedside lamp plugged in to maintain safety. The maintenance staff person's job checklist also states that bedside lamps will now be checked weekly instead of monthly. The staff meeting tomorrow will provide insight into the regulations for this and documentation of that meeting will be kept.

Update:

The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff.

Documentation of education will be kept in accordance with Regulation 2600.65(i).

Please see attached Staff Regulation Education. (Attached to 60a)

Licensee's Proposed Overall Completion Date: 04/22/2026

Not Implemented () - 05/05/2026

132b - Safety Inspection/Fire Drill

5. 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 supervised fire drill conducted by a fire safety expert was documented on [redacted]

Plan of Correction

Accept () 04/17/2026

Immediately, the administrator arranged a fire safety inspection and supervised fire drill as well as a staff fire safety training to be conducted by a PA State Fire Inspector. The fire safety inspection was completed, the supervised fire drill conducted, and the annual fire safety training for staff was held all on Friday, April 10, 2026. The fire drill supervisor worked with the PA State Fire Inspector for that and will keep documentation in the fire safety binder for the Dept to review. The director has updated their director review checklist to include a monthly review of the calendar designated for the annual fire safety inspection, supervised fire drill, and annual staff fire safety training to maintain compliance and prevent future scheduling delays. The staff meeting tomorrow will provide insight into the regulations for this, the safety implications of delays, educating the director to maintain these events on schedule, and documentation of that meeting will be kept.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/05/2026

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:08 a.m. there were multiple over-the-counter unlabeled medications found unlocked, unattended and accessible in the home's employee break room to include:

- One bottle of Dayquil Intense Flu Multi-Symptom with Acetaminophen with approximately half of the medication remaining in the bottle.
- One bottle of of DayQuil Severe Cold & Flu with Acetaminophen with approximately one half of the medication remaining in the bottle.
- One container of TopCare Antacid tablets, regular strength with 4 tablets remaining
- One box of Alka-Seltzer buffered aspirin with 14 tablets remaining in the box

At approximately 9:08 a.m., the plastic cabinet in the employee break room contained multiple pharmacy roll packs that contained numerous medications that were unlocked, unattended, and accessible and were intended to be returned to the pharmacy in addition to other resident medications in boxes to include:

Resident [redacted] s roll pack medications, packed on [redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Resident [redacted] had a separate box of [redacted] vials with the medication roll pack.

Resident [redacted] s roll pack medications, packaged on [redacted]:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Resident [redacted] roll pack medications, packaged on [redacted]

- [redacted]
- [redacted]

183b Meds and Syringes Locked (continued)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED] box of [REDACTED] and [REDACTED] vials.

Plan of Correction

Directed [REDACTED] - 04/23/2026)

Immediately, the administrator asked the maintenance staff person to begin clearing out any towels or cleaning supplies in the employee break room. A staff meeting will be held Friday, April 17, 2026 to emphasize the changes to designate that employee break room as a private break room and visitor area. The staff person on duty removed all OTC items and prescription rolls to the locked administration office. All staff persons have been instructed to collect their OTC items that have been moved. Any OTC items remaining by tomorrow Friday, April 17 will be disposed of. The administrator is looking into the opportunity to get a second locked medication cart to store the pharmacy delivered rolls and nebulizer vials that get delivered in advance and cannot be stored in the locked kitchen medication cart or alternatively, for those prescribed items that need to be returned to the pharmacy to have a place to be stored temporarily. This protocol will be elaborated on in the staff meeting and documentation of that will be kept for the Dept to review.

Update:

Beginning 4/23/26, the Administrator will perform a weekly check for the entire home including that the employee break room is clear and used for employee breaks and visitors only. The check will include an inspection that the entire home is checked for locks on all stored medications and will continue to assure the medication cart(s) stay locked. Documentation of this monitoring will be kept in accordance with Regulation 2600.65(i). The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff. Documentation of education will be kept in accordance with Regulation 2600.65(i). Please see attached pictures of the break room. Please see attached Staff Regulation Education. (Attached to 60a)

Proposed Overall Completion Date: 04/23/2026

DIRECTED

Within one day of the accepted plan of correction: The administrator will document all audits [REDACTED] 4/23/26

Directed Completion Date: 04/24/2026

Implemented [REDACTED] - 05/05/2026)

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 approximately 12:45 p.m. there was an unopened three ounce tube of [REDACTED] on the home's medication cart with a pharmacy label for resident [REDACTED] however, the medication was discontinued on [REDACTED]

183d - Prescription Current (continued)

At approximately 1:04 p.m., there was an unopened one-ounce tube of [REDACTED] on the home's medication cart with a pharmacy label for resident [REDACTED], however, the medication was discontinued with wound care orders on [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2026)

Immediately, the unopened discontinued tubes were disposed of by the direct care staff person. Two direct care staff persons have been auditing the cart beginning today, April 16, 2026. The direct care staff have been in contact with the house Dr to coordinate any needs for new scripts. The physical auditing of the prescription current topicals on the MAR and in the cart involve a paper audit document that will be kept for the Dept to review. The audit of the topicals will involve switching daily medications to PRNs if the Dr deems it appropriate, as well as discontinuation of medications if applicable. This full cart audit will conclude by Friday, April 24, 2026. A staff meeting will be held Friday, April 17, 2026 to emphasize the disposal of discontinued medications. This protocol will be elaborated on in the staff meeting and documentation will be kept for the Dept to review.

Update:

Beginning April 23, the Administrator will conduct a weekly check of the medication cart(s) that assures all medications are locked and that no medications are stored on top of the medication cart. Documentation of this check will be kept in accordance with Regulation 2600.65(i).

The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff.

Documentation of education will be kept in accordance with Regulation 2600.65(i).

Please see attached 183d audit.

Please see attached Staff Regulation Education. (Attached to 60a)

Proposed Overall Completion Date: 04/23/2026

DIRECTED

Within one day of the accepted plan of correction: The administrator will document all audits. [REDACTED] 4/23/26

Directed Completion Date: 04/24/2026

Implemented [REDACTED] 05/05/2026)

185a - Implement Storage Procedures

8. 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

On [REDACTED] resident [REDACTED] Easy Touch glucometer indicated a date of [REDACTED]

Resident [REDACTED]'s Easy Touch glucometer indicated a reading of [REDACTED] on [REDACTED] at 9:07 p.m., however, the resident's March 2026 medication administration record (MAR) documented a reading of [REDACTED] on [REDACTED] at 8:00 p.m.

Resident [REDACTED]'s Easy Touch glucometer indicated a reading of [REDACTED] on [REDACTED] at 10:29 p.m., however, the resident's March 2026 MAR documented a reading of [REDACTED] on [REDACTED] at 8:00 p.m.

Resident [REDACTED]'s Easy Touch glucometer indicated a reading of [REDACTED] on [REDACTED] at 8:35 a.m., however, the

185a - Implement Storage Procedures (continued)

resident's March 2026 MAR documented a reading of [REDACTED] on [REDACTED] at 8:00 a.m.

At approximately 9:08 a.m., a box of Icy Hot Patches 5% with a pharmacy label for resident [REDACTED] was found on the shelving above the plumbing wall in the home's employee breakroom. The box contained a single Icy Hot patch and the sealed packaging for the individual patch had been ripped open, but the patch was still within and had not been administered to resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/23/2026)

A direct care staff person began auditing all glucometers today, April 16, 2026. Two glucometers were reordered. Two direct care staff persons have been auditing the cart beginning today, April 16, 2026. The direct care staff have been in contact with the house Dr to coordinate any needs for new scripts or diabetic supplies. The physical auditing of the cart involves a paper audit document for topicals like icy hot patches and also a separate audit form for the glucometers that will be kept for the Dept for review. Direct care staff persons will have a meeting tomorrow, April 17, 2026 that involves all information regarding storage of icy hot patches and additionally not using defective or inaccurate glucometers and any further issues with glucometers should involve a battery change and if the issue continues, a new glucometer needs to be ordered. This protocol is elaborated on at the staff meeting and documentation of this and the glucometer audit will be kept for the Dept to review.

Update:

The Administrator encouraged staff during the meeting to make sure during each shift to maintain performance of the glucometers with updated date and time and battery changes as needed, and to report any issues with the devices immediately so that the numbers reported are accurate for the Dr to review. The administrative assistant will perform a weekly check that the glucometers are recording properly and the check will include glucometer date and time accuracy, documentation of blood glucose readings, and proper storage. The initial glucometer check was done by a medication trained staff person on April 16 but the continued monitoring of the glucometers will be updated.

The weekly medication inventory will be done every week beginning Thursday, April 30.

Please see attached glucometer audit for 185a.

Please see attached Staff Regulation Education. (Attached to 60a)

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented [REDACTED] - 05/05/2026)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] apply to rash twice a day. However, for the entire month of March 2026 and to the present date in April 2026, the medication was not available in the home to administer to resident [REDACTED].

Plan of Correction

Directed [REDACTED] - 04/23/2026)

Immediately, the hydrocortisone was reordered. Two direct care staff persons have been auditing the cart beginning today, April 16, 2026. The direct care staff have been in contact with the house Dr to coordinate any needs for new scripts. The physical auditing of the cart involves a follow prescriber's order audit paper document that will be kept for the Dept for review. A staff meeting will be held Friday, April 17, 2026 to emphasize that all medications documented on the MAR need to be available and current, in order to follow prescriber's orders and documentation of that meeting will be kept for the department.

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

The staff meeting, procedure notes, and regulation education was conducted on April 17, 2026 for all staff.

Documentation of education will be kept in accordance with Regulation 2600.65(i).

A full medication audit was started by the administrative assistant on April 16th. The administrative assistant did a medication inventory and audit. The administrative assistant pulled all expired medications and ordered replacements. The administrative assistant worked with the prescribing Dr and nurses which resulted in many medication discontinuations and many medications changed to PRN administration effective April 21, 2026. The administrative assistant performed a second medication inventory April 22 to acquire new scripts for any medications that require new scripts for refills. A third medication inventory will finalize tomorrow Thursday April 23, 2026 to verify that the changes have been made. These checks will greatly reduce medication errors and documentation errors. In addition to the MAR monitoring by the director and the administrator, the ongoing inventory and medication audit of all prescribed medications will be done weekly by the administrative assistant every Thursday starting April 30, 2026. Documentation of these audits will be kept in accordance with Regulation 2600.65(i).

The medication errors were immediately reported to the resident on April 17 but they cannot sign. The resident has a guardian so the administrator also sent notification to the guardian via docusign on April 17 in which acknowledged with signature on April 20. Documentation of medication errors notification will be kept in accordance with Regulation 2600.65(i).

An incident report for the medication errors were made by the administrative assistant on 4/17/26. Documentation of the medication errors incident reporting will be kept in accordance with Regulation 2600.65(i).

The medication errors were made part of the resident's permanent record by the administrator on April 17, 2026. Documentation of the medication errors on the resident's form-2 note for record will be kept in accordance with Regulation 2600.65(i).

Please see attached full medication audit for all prescribed medications.

Please see attached 187d audit.

Please see attached notification packet, which includes resident notification via form-2 and made part of resident's permanent record for which they cannot sign for, along with guardian notification via emailed letter, the 2 page incident report sent, and updated 2 page medication list for guardian.

Proposed Overall Completion Date: 04/22/2026

DIRECTED

*Within one day of the accepted plan of correction: The administrator will document all audits [redacted] 4/2/26
Implemented [redacted] - 05/05/2026)*

Directed Completion Date: 04/24/2026

221a - Program Activities**10. Requirements**

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

221a - Program Activities (continued)

Plan of Correction

Accept [REDACTED] - 04/17/2026)

Immediately, the administrator considered options for creating a consistent recreation program of activities for all residents. This program would need to match the weekly posted calendar and also would need to be inclusive and accommodating to all residents. A staff person will be leading the activities program as planner. This planner will write out a weekly posted calendar and follow up with a documentation log that describes the activities that occurred. The administrator will invite the residents and direct care staff to provide feedback as well on the program during the staff meeting on April 17, 2026. The staff have that meeting tomorrow, Friday April 17, 2026 to discuss this recreation program and how we can engage with any family and the community. Documentation of the log, the calendar, and the meeting will all be kept for the Dept to review.

Licensee's Proposed Overall Completion Date: 04/17/2026

Not Implemented [REDACTED] 05/05/2026)