



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHELA**
LEGAL ENTITY

To operate **VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **1378 FOURTH STREET, 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 **28**
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 **May 13, 2026** until **November 13, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455413**

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 30, 2026

[REDACTED]
Vida Springs Senior Living and Personal Care Home, Monongahela
[REDACTED]

RE: Vida Springs Senior Living and Personal
Care Home
1378 Fourth Street
Monongahela, Pennsylvania 15063
License/COC #: 455413

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 5, 2026, and April 6, 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 issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD 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 THIRD PROVISIONAL license is enclosed and is valid from MAY 13, 2026 to NOVEMBER 13, 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.

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
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: VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME License #: 45541 License Expiration: 05/13/2026

Address: 1378 FOURTH STREET, MONONGAHELA, PA 15063

County: WASHINGTON

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHELA

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: I 1

Date: 10/13/2023

Issued By: Carroll Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Provisional

Exit Conference Date: 02/05/2026

Inspection Dates and Department Representative

02/05/2026 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28

Residents Served: 11

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

Inspections / Reviews

02/05/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/21/2026

02/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/26/2026

03/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 03/27/2026

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 10:30am, a copy of 55 Pa. Code Chapter 2600 regulations was posted in a locked bulletin board in the hallway near bedroom [REDACTED], which is not accessible to residents or the public.

Plan of Correction

Directed [REDACTED] (03/09/2026)

Surveyor gave Administrator another pink book it was immediately posted with survey book on table at the entrance for residents and family to access. All staff will be educated on regulation 2600 3c starting 2/6/26. Administrator designee will audit location of regulation book weekly x2 then biweekly 2x then monthly x1 then as needed to ensure compliance of regulation 3c a recorded will be kept. A QA meeting will be held 2/26/26 to review all item listed in survey and 2600.26b. POC will be fully implemented 3/4/26

Directed: Within 3 days of receipt of the plan of correction - The administrator/designee audits shall be initiated. [REDACTED] 3/9/2026

Directed: The quality management plan review and evaluation on 2/26/26 will be documented and submitted to the Department for verification. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 03/04/2026

Directed Completion Date: 03/04/2026

Implemented [REDACTED] - 05/11/2026)

65g - Annual Training Content

3. 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.

Description of Violation

The following direct care staff persons did not receive annual training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2025 training year:

- Direct care staff person A, hired on [REDACTED]
- Direct care staff person B, hired on [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/09/2026)

Annual fire drill was held 2/20/26 all staff attended. All staff was educated on 2/20/26 on regulation 2600 65g. Administrator or designee will audit compliance at the time fire drill and biannually to ensure compliance of regulation 35g. Fire chief has will come do a semi annual education/ drill beginning August of 26 a record will be kept. POC will be fully implemented 2/20/26

65g - Annual Training Content (continued)*Proposed Overall Completion Date: 02/27/2026***Licensee's Proposed Overall Completion Date: 02/27/2026****Implemented (████) 05/11/2026)****81b - Resident Personal Equipment****4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation*At 10:43am, resident ██████'s bedside mobility device was not securely attached to resident ██████ bed and moved freely from the bed frame.**REPEAT VIOLATION: ██████, et. al.***Plan of Correction****Directed (████) - 03/09/2026)***Mobility device was immediately removed from bed, device was not currently being used for mobility. All staff will be educated on regulation 2600 81b beginning 2/6/26 and all education will be completed by 2/27/26 Administrator or designee audited all bed mobility devices on 2/8/26 and will audit all bed mobility devices weekly x 4 then bi weekly x2 then monthly ensure compliance of regulation 81b a record of training and audits will be kept. POC will fully be implemented by 3/21/26**Directed: Within 5 days of receipt of the plan of correction - The administrator will update resident ██████'s RASP to reflect the current needs with care and services for transferring in/out of bed/chair. All direct care staff persons will be educated on resident ██████ updated RASP by 3/19/26. ██████ 3/9/2026**Proposed Overall Completion Date: 03/21/2026***Directed Completion Date: 03/21/2026****Implemented (████) 05/11/2026)****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 10:57am, the handrail in the hallway near bedroom #10 was loose and moved when grabbed. The handrail was not securely attached to the bracket and was partially secured with tape near the bracket of the handrail.***Plan of Correction****Directed (████) - 03/09/2026)***Hand rails was tightened 2/7/26. All staff began education on 2/6/25 and will be completed by 2/27/26 on regulation 2600 88a. An initial audit was done 2/7/26.*

88a Surfaces (continued)

Administrator or designee will audit all Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. weekly x4 then biweekly x2 then monthly to ensure compliance of regulation 88a. A record of all training and audits will be kept

Directed: Within 3 days of receipt of the plan of correction The administrator/designee audits shall be initiated. 3/9/2026

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented 05/11/2026

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 11:15am, the hot water temperature at the shared bathroom sink for bedrooms and was 141.9 degrees Fahrenheit.

REPEAT VIOLATION: et. al.

Plan of Correction

Directed - 03/09/2026

Plummer was called on 2/6/26 to adjust water temperatures. Hot water tank was changed on 2/19/26 . All staff began education on 2/6/26 and education will be completed by 2/27/26 on regulation 2600 89b . DCS monitored water temps all areas connected to that water tank Kitchen, resident room ,and kitchenette daily beginning 2/6/26. Administrator or designee will monitor water temps daily x30 then weekly x4 then biweekly x2 then monthly to ensure compliance of regulation 89b a record of all training and audits will be kept .

Directed: Within 3 days of receipt of the plan of correction The administrator/designee audits shall be initiated and include at least 5 different water sources accessible to residents. 3/9/2026

Proposed Overall Completion Date: 04/10/2026

Directed Completion Date: 04/10/2026

Implemented - 05/11/2026

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 10:50am, the electrical outlet at the head of resident's bed was inoperable. According to resident the

95 Furniture and Equipment (continued)

electrical outlet has been inoperable for months. At the time of inspection, numerous electrical cords were lying across the floor in resident [REDACTED]'s bedroom to use for an alternate source of electricity, which poses a tripping hazard for resident [REDACTED]

Plan of Correction**Directed [REDACTED] - 03/09/2026)**

Residents was offered to have [REDACTED] bed moved to the other side of the room until the electrician could come resident refused. Extension cords were removed and a table was placed for resident to put [REDACTED] stuff that needed charged along with a 6 outlet surge protector. Gillice Electric was in to repair outlet on 2/19/26 and is contracted to come every three months to check all outlets and repair as needed All staff began education 2/6/26 on regulation 2600 95 and will be completed by 2/27/26.

An initial audit of all outlets was done 2/7/26 and all furniture and equipment will be audited monthly to ensure is in good repair, clean and free of hazards. A record of all training and audits will be kept

Directed: The administrator or a designee will be responsible for the audits. The audits will occur weekly in March and then monthly thereafter. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 03/06/2026

Directed Completion Date: 03/06/2026

Implemented [REDACTED] - 05/11/2026)**100a - Exterior - Free of Hazards****9. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At approximately 10:30am, there was approximately 6" of snow covering the entire sidewalk outside the emergency exit near bedrooms [REDACTED] and [REDACTED]

At approximately 11:00am, there was approximately 4" of snow covering approximately half of the sidewalk outside the emergency exit near bedroom [REDACTED]

Plan of Correction**Directed [REDACTED] - 03/09/2026)**

All outside walks were immediately shoveled and salted. All staff educated beginning 2/6/26 on regulation 2600 100a and will be completed by. Initial audit done 2/5/26. Administrator or designee will audit outside grounds daily x14 then weekly x4 then monthly x2 then as needed to ensure compliance of regulation 100a. DCS will remove snow and salt from walk ways and entries daily and as needed. A record of training will be kept

Directed: Within 3 days of receipt of the plan of correction The administrator will ensure the training for all staff

100a - Exterior - Free of Hazards (continued)

is complete. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 03/05/2026

Directed Completion Date: 03/05/2026

Implemented [REDACTED] - 05/11/2026)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

10. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 11:10am, there was no grab bar at the toilet in the shared bathroom for bedrooms [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] 03/09/2026)

A grab rail was placed on 2/14/26 All staff will be educated on regulation 2600 102d beginning 2/6/26 and completed by 2/27/26. Initial audit done 2/9/26 Administrator lor designee will audit bathrooms for handrails weekly x2 then biweeklyx2 then as needed to ensure compliance of regulation 102d.A record of all training will be kept compliance will be met by 3/23/26

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented [REDACTED] - 05/11/2026)

102i - Soap Dispenser

11. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 11:15am, there was no soap present at the shared bathroom sink for bedrooms [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/09/2026)

Hand soap was put back in room immediately . All staff will be educated on regulation 2600 102i beginning 2/6/26 and will be completed by 2/27/26 . Initial audits done 2/9/26. Administrator or designee will audit bathrooms for hand soap daily x14 then weekly x2 then biweeklyx2 then monthly to ensure compliance of regulation 102iA record of training will be kept overall compliance will be met by 3/9/26

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 05/11/2026)

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

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

Description of Violation

At 11:22am and at 4:12pm, the temperature of the kitchen refrigerator was 50 degrees Fahrenheit.

Plan of Correction**Directed** [REDACTED] - 03/09/2026)

Refrigerator was replaced 2/8/26. All staff will be educated on regulation 2600 103f. beginning 2/6/26 and will be completed by 2/27/26. Administrator or designee will audit refrigerator temps daily to ensure compliance of regulation 103f There is a built in thermometer in the refrigerator / freezer that will be monitored and recorded daily along with kitchenette refrigerator. A record of training and audits will be kept.

Directed: Within 3 days of receipt of the plan of correction - The administrator/designee audits shall be initiated and will include all refrigerated and frozen food. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented [REDACTED] - 05/11/2026)**103g Storing Food****13. Requirements**

2600.

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

Description of Violation

At 11:05am, there were 4 open and unsealed boxes of dry cereal on top of the dining room refrigerator.

At 11:20am, there was an open and unsealed 4 pound bag of sugar on the kitchen shelf near the stove.

At 11:25am, the following open and unsealed food items were present in the kitchen freezer:

- *A 4 pound bag of pierogies*
- *A 23.8 ounce bag of breaded chicken patties*
- *A 12 ounce bag of California vegetable mix*

At 11:30am, there was an open and unsealed box of cornflakes on the top shelf of the kitchen shelf unit.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction**Accept** [REDACTED] - 03/09/2026)

All items were sealed immediately. All staff will be educated on regulation 2600 103g beginning 2/6/26 and will be completed by 2/27/26, Initial audit done 2/5/26. Administrator or designee will audit all food storage areas daily x7 then weekly x4 then monthly then as needed to ensure compliance of regulation 103g, A record of training will be kept

Proposed Overall Completion Date: 03/14/2026

Licensee's Proposed Overall Completion Date: 03/14/2026

103g - Storing Food (*continued*)

Implemented [REDACTED] 05/11/2026)

107b - Emergency Procedures

14. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

4. Means of transportation in the event that relocation is required.

Description of Violation

The home's written emergency procedures do not include a means of transportation in the event of a relocation.

Plan of Correction

Accept [REDACTED] 03/09/2026)

A copy of the emergency transportation letter was put into the emergency preparedness binder on 2/6/26 . All staff will be educated on regulation 2600 107b beginning 2/6/26 and will be completed by 2/27/26. An initial audit was done 2/6/26;

Administrator or designee will audit binder monthly x3 then bi annually and as needed to ensure compliance of regulation 107b record of training will be kept.

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

Implemented [REDACTED] - 05/11/2026)

132b - Safety Inspection/Fire Drill

15. 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 has no documentation that a supervised fire drill or fire safety inspection has been conducted by a fire safety expert within the past year.

Plan of Correction

Accept [REDACTED] - 03/09/2026)

Annual fire drill was held 2/20/26 all staff attended .All staff was educated on 2/20/26 on regulation 2600 132b.

Administrator or designee will audit compliance at the time fire drill and biannually to ensure compliance of regulation 132d. Fire chief has will come do a semi annual education/ drill beginning August of 26 a record will be kept . POC will be fully implemented 2/20/26

Proposed Overall Completion Date: 02/27/2026

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

Implemented [REDACTED] - 05/11/2026)

132c - Fire Drill Records

16. Requirements

132c Fire Drill Records (continued)

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 records do not indicate if the following fire drills were conducted in the AM or PM:

- On [REDACTED] which was conducted at 3:45
- On [REDACTED], which was conducted at 3:06

Plan of Correction**Directed** [REDACTED] - 03/09/2026)

Fire drill .log was corrected, 2/5/26 by Administrator ,All staff will be educated on regulation 132c starting 2/6/26 and will be completed by 2/27/26. Directed: The training will be documented in accordance with §2600.65(i). [REDACTED] 3/9/2026

Fire drill log will be monitor monthly beginning 2/20/26 and as needed to ensure compliance of regulation 132c a record of training will be kept

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented [REDACTED] - 05/11/2026)**132d Evacuation****17. 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 2:19pm, the home conducted a fire drill with an evacuation time of 3 minutes, 45 seconds; however, the most recent documentation from a fire safety expert, dated [REDACTED], indicates a maximum evacuation time to a public thoroughfare of 3 minutes.

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

Plan of Correction**Accept** [REDACTED] - 03/09/2026)

Multiple compliant fire drills have been conducted and documented since 3/25.All staff began education on 2/6/26 and will complete by 2/27/26 on regulation 132d Fire expert was at the community 2/20/26 . Administrator or designee will monitor fire drills monthly beginning 2/20/26 to ensure compliance of regulation 132d. A record of training will be kept

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] 05/11/2026)

132d - Evacuation (*continued*)

132f - Alternate Exit Routes

18. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home's fire drill records indicate the only exit routes used during the following fire drills were the front & side exits:

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

Plan of Correction**Directed** [REDACTED] - 03/09/2026)

Prior to annual inspection fire doors were not labeled and staff was documenting front and side not specifying whether it was left or right side main door or front door. ON 2/7/26 owner labeled doors 1-4 . Staff begun education on regulation 132f 2/6/26 and will complete by 2/27/26. Administrator or designee will monitor fire drill logs monthly starting 2/20/26 and will continue . A record of training will be kept

Within 24 hours of receipt of the plan of correction - The administrator will ensure the home's procedures for conducting monthly fire drills include varying the location of the hypothetical fire during each drill. This may be done by simulating a blocked door or egress path (placing a large display/poster of a hypothetical fire in an exit path) and practicing to evacuate through an alternate path of egress. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented [REDACTED] 05/11/2026)

132g - Fire Drills Days/Times

19. 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 regularly schedules 2 staff persons in the home during the 11:00pm-7:00am shift; however, the home has not conducted an unannounced fire drill with only 2 staff persons since [REDACTED] at 6:20am.

Plan of Correction**Directed** [REDACTED] - 03/09/2026)

A overnight fire drill was held on 2/25/26 with only 2 staff. All staff was educated on regulation 132g beginning 2/6/26 and was completed 2/20/26.

Administrator or designee will monitor fire drill monthly ensure compliance of regulation 132g A record of fire

132g Fire Drills Days/Times (continued)

drills and education shall be kept

Directed: Within 3 days of receipt of the plan of correction The administrator/designee audits shall be initiated. 3/9/2026

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented (- 05/11/2026)

133.1 - Exit Signs

20. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

At approximately 11:00am, there was no exit sign over the emergency exit door near bedroom . The home currently serves 11 residents.

Plan of Correction

Directed (- 03/09/2026)

An exit sign was placed on the door on 2/6/25.

All staff will be educated began education on regulation 2600 133,1 on 2/6/26 and completed 2/20/26

Directed: The training will be documented in accordance with §2600.65(i). 3/9/2026

Administrator or designee will monitor all exit signs weekly x2 then biweeklyx2 then monthly x2 then at least annually and as needed to ensure compliance of regulation 133.1 a record of training will be kept

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented (- 05/11/2026)

141a 1-10 Medical Evaluation Information

21. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED]'s medical evaluation, dated [REDACTED] indicates resident [REDACTED] requires a secured dementia care unit (SDCU); however, the home is not licensed as a SDCU. Also, resident [REDACTED]'s medical evaluation does not include the medical professional's license # for the medical professional who completed resident [REDACTED] medical evaluation. This section of resident [REDACTED] medical evaluation is blank.

Plan of Correction

Directed [REDACTED] - 03/09/2026)

ADMIN/LPN Shonte Allen added MD license number and confirmed with Dr Gibson it was ok to correct that resident does not need SDU on DME on 2/13/26 . All DME were audited 2/15/26. Directed: The administrator or designee will be responsible for the audit. [REDACTED] 3/9/2026

All staff began education on 2/13/26 and will complete by 2/27/26 .
 Administrator did an initial audit of all resident DME's and will audit them on admission and with annual evaluation .A record of training will be kept

Proposed Overall Completion Date: 03/04/2026

Directed Completion Date: 03/04/2026

Not Implemented [REDACTED] - 05/11/2026)

144c1 - Smoking Area Guidelines

22. 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 10:17am, there were 2 fabric covered chairs present in the home's designated smoking area, located in the backyard gazebo.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept [REDACTED] - 03/09/2026)

Chairs were immediately removed from smoking area .All staff started education on regulation 2600 144c on 2/6/26 and will complete by 2/27/26.

Administrators or designees will monitor smoking area daily x7 beginning 2/7/26 then weekly x4 then monthly to ensure compliance of regulation 2600 144c. A record of training will be kept

Licensee's Proposed Overall Completion Date: 03/21/2026

Implemented [REDACTED] - 05/11/2026)

184a - Resident's Meds Labeled

23. 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] tablet-Take 2 tablets by mouth every day; however, resident [REDACTED]'s pharmacy label indicates [REDACTED]) tablet-Take 1 tablet by mouth every day.

Resident [REDACTED] is currently prescribed [REDACTED] tablet-Take 2 tablets (1,000 mg) by mouth every 6 hours as needed; however, resident [REDACTED]'s pharmacy label indicates [REDACTED] tablet-Take 2 tablets by mouth 3 times daily.

Resident [REDACTED] is currently prescribed [REDACTED] subcutaneously once daily; however, resident [REDACTED]'s pharmacy label indicates [REDACTED] subcutaneously once daily.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] 03/09/2026)

Change of direction stickers were placed on all cited medications once orders were verified by inspectors on 2/5/26 , All med techs educated on regulation 184 2/6/27 and will be completed by 2/27/26. Directed: The administrator will ensure that the training was provided by a source qualified to administer medications and familiar with the home's medication procedures. [REDACTED] 3/9/2026

Initial audit completed 2/6/26 Administrator or designee will audit all medications to ensure compliance of regulation 184a weekly x4 then monthly to ensure compliance of regulation 184a a record of training will be kept

Proposed Overall Completion Date: 03/06/2026

Directed Completion Date: 03/06/2026

Not Implemented [REDACTED] - 05/11/2026)

187b - Date/Time of Medication Admin.

24. 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] subcutaneously per sliding scale before meals:

[REDACTED] units. On numerous dates/times, resident [REDACTED]'s February 2026 medication administration record (MAR) indicates insulin was administered to resident [REDACTED] however, also indicates resident [REDACTED] refused the [REDACTED], to include the following occurrences:

- On [REDACTED] at 7:00am, resident [REDACTED]'s February 2026 MAR includes a blood glucose reading of [REDACTED] and that 1 unit of [REDACTED] was administered; however, resident [REDACTED]'s February 2026 MAR also indicates resident [REDACTED] refused [REDACTED] at this time
- On [REDACTED] at approximately 7:00am, resident [REDACTED]'s February 2026 MAR indicates 1 unit of [REDACTED] was administered to resident [REDACTED] however, does not include a blood glucose reading for this time, and also indicates resident [REDACTED] refused [REDACTED] at this time
- On [REDACTED] at approximately 4:00pm, resident [REDACTED]'s February 2026 MAR indicates 1 unit of [REDACTED] was administered to resident [REDACTED] however, does not include a blood glucose reading for this time, and also indicates resident [REDACTED] refused [REDACTED] at this time

Resident [REDACTED] is currently prescribed [REDACTED] subcutaneously per sliding scale before meals and at bedtime [REDACTED]

[REDACTED] units call MD. On numerous dates/times, resident [REDACTED]'s February 2026 MAR indicates insulin was administered to resident [REDACTED] however, also indicates no insulin was administered, to include the following occurrences:

- On [REDACTED] at 8:00am, resident [REDACTED]'s February 2026 MAR includes a blood glucose reading of [REDACTED] and that [REDACTED] of [REDACTED] was administered; however, resident [REDACTED]'s February 2026 MAR also includes an exception on [REDACTED] at 7:24am, which indicates [REDACTED] "was administered"
- On [REDACTED] at 8:00am, resident [REDACTED]'s February 2026 MAR includes a blood glucose reading of [REDACTED] and that [REDACTED] of [REDACTED] was administered; however, resident [REDACTED]'s February 2026 MAR also includes an exception on [REDACTED] at 7:23am, which indicates [REDACTED] was administered
- On [REDACTED] at 12:00pm, resident [REDACTED]'s February 2026 MAR includes a blood glucose reading of [REDACTED] and that [REDACTED] of [REDACTED] was administered; however, resident [REDACTED]'s February 2026 MAR also includes an exception on [REDACTED] at 11:24am, which indicates [REDACTED] "was administered"
- On [REDACTED] at 8:00am, resident [REDACTED]'s February 2026 MAR includes a blood glucose reading of [REDACTED] and that [REDACTED] of [REDACTED] was administered; however, resident [REDACTED]'s February 2026 MAR also includes an exception on [REDACTED] at 7:47am, which indicates [REDACTED] "was administered"

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 03/09/2026)

Med tech stated [REDACTED] was not able to chart a 0 in the amt given space so [REDACTED] put a 1 then charted in the notes that [REDACTED] in fact did not give any insulin. Staff person A was immediately retrained on proper documentation. All med tech will be retrained on proper blood glucose testing, insulin administration and documentation to ensure compliance of regulation 187b.

Directed: Within 10 days of receipt of the plan of correction - The administrator will ensure the trainings provided are conducted by a source who's a Department-approved diabetes educator and qualified to administer

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

medications. [REDACTED] 3/9/2026

All resident that require [REDACTED] MARs were immediately audited by Shonte Allen and will continue weekly x4 then biweekly x2 then monthly x2. a record of training will be kept

Proposed Overall Completion Date: 04/10/2026

Directed Completion Date: 04/10/2026

Not Implemented [REDACTED] - 05/11/2026)

187d - Follow Prescriber's Orders**25. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] subcutaneously per sliding scale before meals: [REDACTED] units. According to resident [REDACTED]'s February 2026 MAR, the incorrect amount of insulin was administered to resident [REDACTED] on numerous occasions, to include the following:

- On [REDACTED] at approximately 4:00pm, resident [REDACTED]'s blood glucose was [REDACTED] and [REDACTED] of insulin were administered; however, only [REDACTED] of insulin should have been administered to resident [REDACTED]
- On [REDACTED] at approximately 7:00am, resident [REDACTED]'s blood glucose was [REDACTED] and [REDACTED] of insulin was administered; however, no units of insulin should have been administered to resident [REDACTED]

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 03/09/2026)

Med tech gave an incorrect amount of insulin on sited dates. Resident [REDACTED] MD was notified via phone on 2/5/26 and no new orders were given. An audit of all residents who get [REDACTED] was immediately done by Shonte Allen on 2/5/26 and will continue weekly x4 then biweekly x2 then monthly to ensure compliance of regulation 187d. All med techs will be trained beginning 2/5/26 by Shonte Allen LPN and completed by 2/27/26. A record of training will be kept

Directed: Within 10 days of receipt of the plan of correction - The administrator will ensure the trainings provided are conducted by a source who's a Department-approved diabetes educator and qualified to administer medications. [REDACTED] 3/9/2026

Proposed Overall Completion Date: 03/26/2026

Directed Completion Date: 03/26/2026

Not Implemented [REDACTED] - 05/11/2026)

225c - Additional Assessment**26. Requirements**

2600.

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

225c - Additional Assessment (continued)

1. Annually.

Description of Violation

Resident [REDACTED] most recent assessment, dated [REDACTED] is blank in the following areas and does not include an assessment of resident [REDACTED]'s needs:

- Caring for personal possessions
- Writing correspondence
- Engaging in social and leisure activities
- Obtaining clean, season clothing

Plan of Correction

Directed [REDACTED] 03/09/2026)

All area of RASP where corrected on 2/13/26 by [REDACTED] LPN . All RASP were audited 2/13/26 by [REDACTED] and will be done with every update and with annual RASP. All staff person responsible for RASP were educated 2/13/27 . A record of training will be kept.

Directed: The administrator will ensure all staff responsible for RASPs were trained by 2/13/26 instead of 2/13/27.
[REDACTED] 3/9/2026

Proposed Overall Completion Date: 02/27/2026

Directed Completion Date: 02/27/2026

Implemented [REDACTED] - 05/11/2026)

254c - Records Storing

27. 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 9:05am, the following resident information was unlocked, unattended and accessible at the home's medication cart:

- A narcotic book containing controlled count sheets for numerous residents, including residents [REDACTED] and [REDACTED]
- A daily communication log, which contained numerous care notes, including care notes for resident [REDACTED]
- An empty medication blister pack, which contained the pharmacy label for resident [REDACTED] s [REDACTED] g tablets

Plan of Correction

Accept [REDACTED] - 03/09/2026)

Books were immediately locked in med cart

All med techs will be trained on regulation 254c by administrator beginning 2/6/26 and will be completed by 2/27/26.

Administrator or designee began monitor for compliance of regulation 254c on 2/6/26 and will continue daily x7 then weekly x4 then biweekly x4 then monthly and as needed

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [REDACTED] - 05/11/2026)

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

Facility Information

Name: VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME License #: 45541 License Expiration: 05/13/2026

Address: 1378 FOURTH STREET, MONONGAHELA, PA 15063

County: WASHINGTON

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHELA

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: 1 1

Date: 10/13/2023

Issued By: Carrol Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 14

Waking Staff: 11

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Provisional, Monitoring

Exit Conference Date: 04/06/2026

Inspection Dates and Department Representative

04/06/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28

Residents Served: 11

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 0

Inspections / Reviews

04/06/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2026*

04/24/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/08/2026*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2026*

04/28/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/08/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/08/2026*

05/11/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: *05/08/2026*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

141a 1 10 Medical Evaluation Information

1. Requirements

2600.

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

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED] initial medical evaluation, dated [REDACTED], is blank in the following areas:

- Advanced Directives
- Special health or dietary needs
- Allergies

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Admin/LPN spoke with MD before and after correcting DME on 4/6/26 . Administrator reviewed regulation 141a on 4/7/26 did an initial audit of all DME's 4/7/26. Admin/LPN will audit all DMEs with 48 of admission starting with the next admission and annually to ensure compliance of regulation 141a (DIRECTED: The audits shall begin on 5/1/26. [REDACTED] 4/28/26).

Proposed Overall Completion Date: 04/20/2026

Proposed Overall Completion Date: 05/01/2026

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] 05/11/2026)

183d Prescription Current

2. 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

On [REDACTED], resident [REDACTED] prescription for [REDACTED] tablets was discontinued by the prescriber; however, this medication was still present in the home's medication cart at the time of inspection.

REPEAT VIOLATION [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Medication was immediately removed from cart on inspection, A initial cart audit was done 4/7/26 administrator has continues to do a over all cart audit weekly x4 then biweekly x2 monthly x2 then quarterly x1 year to enusre compliance of regulation 183d. (DIRECTED: Documentation of the audits shall be kept for 1 month. [REDACTED])

183d - Prescription Current (continued)

4/28/26). All Staff responsible for passing medications was educated on regulation 183d . All staff reviewed regulation as well a verbal training from admin. Documentation of staff education will b e kept in accordance with 2600 65i

Proposed Overall Completion Date: 05/19/2026

Directed Completion Date: 05/08/2026

Implemented [REDACTED] - 05/11/2026)

184a - Resident's Meds Labeled**3. 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] tablet-Take 1 tablet by mouth once daily; however, resident [REDACTED]'s pharmacy label indicates [REDACTED] tablet-Take 1/2 tablet by mouth once daily.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] 04/28/2026)

A direction change sticker was immediately put on bottle during inspection. All staff responsible for passing medication was in serviced on 4/17/26 with review of regulation 184a as well as a verbal review with Admin transcript 56 of med admin course . A inital med cart audit was done on 4/7/26. administrator or designee will audit 2 residents a days medications weekly x4 then biweekly x2 them monthly x2 then quarterly x1 year to ensure compliance of regulation 184a begining 4/17/26. (DIRECTED: Documentation of the audits shall be kept for 1 month. [REDACTED] 4/28/26). Documnetation of the staff education will be kept in accordance with 2600 65i.

Proposed Overall Completion Date: 05/19/2026

Directed Completion Date: 05/08/2026

Not Implemented [REDACTED] - 05/11/2026)

184b - Labeling OTC/CAM**4. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At the time of inspection, resident [REDACTED]'s [REDACTED] was not labeled with resident [REDACTED]'s name.

184b Labeling OTC/CAM (continued)

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

A label was immediatly applied to package on 4/6/26. A inital med cart audit was done on 4/7/26. administrator or designee will audit 2 residents a days medications weekly x4 then biweekly x2 them monthly x2 then quarterly x1 year to ensure compliance of regulation 184b beginning 4/17/26. (DIRECTED: Documentation of the audits shall be kept for 1 month. [REDACTED] 4/28/26). All staff responsible for passing medications was educated on regulation 184b and lession 5 transcript 5 of PA med admin course .Documnetation of the staff education will be kept in accordance with 2600 65i.

Proposed Overall Completion Date: 05/19/2026

Directed Completion Date: 05/08/2026

Implemented [REDACTED] 05/11/2026)

185a - Implement Storage Procedures

5. Requirements

2600.

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

Description of Violation

At the time of inspection, resident [REDACTED]s glucometer was not set to the current date and time.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Staff attempted to reset time and date on meter on 4/8/26 but was unsuccessful all other meters where checked and time and date where correct . A call was made to pharmacy to get a new order however Insurance would not cover a new meter at that time. Family refused to buy a new meter. On 4/17/26 Meter was able to be reset . A inital audit of all meters was done on 4/8/26. and continues to be audited with weekly cart audit by admin weekly x4 then monthly x2 monthly x2 then quarterly and with any meter or battery change to ensure compliance of regulation 185a beginning 4/17/26. All staff respoinsible for passing meds was educated on regulation 185a 4/17/26 with review and verbal review of regulation by admin. Documnetation of the staff education will be kept in accordance with 2600 65i.

Proposed Overall Completion Date: 05/15/2026

Directed Completion Date: 05/08/2026

Not Implemented [REDACTED] - 05/11/2026)

186a - Authorized Prescriber

6. 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**

Resident [REDACTED] is currently prescribed [REDACTED] Take 1 tablet by mouth twice daily. Resident [REDACTED]'s April 2026 medication administration record (MAR) indicates this medication was "suspended 30 Mar 2026 to 03 Apr 2026"; however, at the time of inspection, no copy of this hold order was present in the home.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Administrator received an written oder on 4/7/26 to hold [REDACTED]. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure a copy of resident [REDACTED]'s current Metformin order is present in resident [REDACTED] chart. [REDACTED] 4/28/26). All staff responsible for passing medications was verbally in serviced on regulation 186a on 4/17/26. All medicatoin orders where reviewed and signed by MD on 4/22/26 ,Administrator /LPN will review all orders monthlyx 3 begining 4/22/26 and with changes to ensure compliance of reguation 186a. Documentation of staff education will be kept in accordance with 260065i.

Proposed Overall Completion Date: 06/22/2026

Directed Completion Date: 05/08/2026

Not Implemented ([REDACTED] - 05/11/2026)

186b - Medication Used by Resident**7. Requirements**

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

Residents [REDACTED] and [REDACTED] are both prescribed [REDACTED] In the beginning of April 2026, resident [REDACTED] ran out of their insulin, so an unopened [REDACTED] belonging to resident [REDACTED] was taken from resident [REDACTED]'s supply and issued to resident [REDACTED]. At the time of inspection, a [REDACTED] pen was present in the home and included a pharmacy label which contained resident [REDACTED] name, as well as a handwritten label containing resident [REDACTED] name and was dated as opened on [REDACTED].

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Root cause of violation was staff pulled a insulin pen from the bag and did not pay attention to who's pen they took. There was no clear explaintin of why [REDACTED] dated it with the wrong date.All staff responsible for passing medications was in serviced on regulation 186b on 4/17/26 with verbal review of regulation and verbal review of the 5 rights. . A aduit of all medications was done 4/7/26. Administrator or designee will audit 2 resident medications a day begining 4/17/26 weekly x4 then bi weekly x2 then monthly x 2 then quartlyx 1 year to ensure compliance of regulation 186b documentation of staff traning will be kept in accordance with 260065i (DIRECTED: Documentation of the audits shall be kept for 1 month. [REDACTED] 4/28/26).

Proposed Overall Completion Date: 05/15/2026

Directed Completion Date: 05/08/2026

Implemented ([REDACTED] - 05/11/2026)

187b - Date/Time of Medication Admin.

9. 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], resident [REDACTED] was prescribed [REDACTED] -Take 1 tablet by mouth twice daily. This medication was not available in the home for administration from the evening of [REDACTED] through the evening of [REDACTED] however, staff persons documented the medication as administered to resident [REDACTED] on resident [REDACTED]s March 2026 MAR on the following dates/times:

- On [REDACTED] at 7:00am
- On [REDACTED] at 7:00pm
- On [REDACTED] at 9:00am

Resident [REDACTED] is prescribed [REDACTED] tablet-Take 1 tablet by mouth once daily in the morning. On [REDACTED], a verbal order was obtained to hold resident [REDACTED]s [REDACTED] until delivered by the pharmacy. As of [REDACTED], the medication was still not present in the home for administration; however, on the morning of [REDACTED] resident [REDACTED] was documented as administered to resident [REDACTED] on resident [REDACTED]s April 2026 MAR.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

A miss communication with which medication pharmacy is to provide for resident is the root cause of why medications were not present. Admin and family clarified with pharmacy that once their supply of meds were completed they should provide the medication. A medcart audit was done on 4/7/26. All staff responsible for passing medications was inserviced on 4/17/26 with verbal review of regulation and lesson 8 of mend admin course. Administrator or designee will audit 2 resident a days MAR to ensure compliance of regulation 187b. Weeklyx4 biweekly x2 monthly x2 then quarterly x1 year. documentation of staff training well be kept in accordance with 260065i. (DIRECTED: The audits shall begin on 4/30/26 and documentation of the audits shall be kept for 1 month. [REDACTED] 4/28/26).

Proposed Overall Completion Date: 05/19/2026

Directed Completion Date: 05/08/2026

Not Implemented ([REDACTED] - 05/11/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

On [REDACTED], resident [REDACTED] was prescribed [REDACTED] tablet by mouth twice daily; however, this medication was not administered to resident [REDACTED] on numerous occasions because it was not available in the home, to include the following dates/times:

- On [REDACTED] at 7:00am and at 7:00pm
- On [REDACTED] at 7:00am and at 7:00pm
- On [REDACTED] at 7:00am
- On [REDACTED] at 7:00pm
- On [REDACTED] at 7:00pm

Resident [REDACTED] is prescribed [REDACTED] tablet by mouth once daily in the morning; however, this medication was not administered to resident [REDACTED] on [REDACTED], because it was not available in the home for administration.

Resident [REDACTED] is prescribed [REDACTED] tablet by mouth once daily in the morning; however, this medication was not administered to resident [REDACTED] on [REDACTED], because it was not available in the home for administration.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed [REDACTED] - 04/28/2026)

Pharmacy had record they were not to supply meds there for did not send medication. when staff requested refill. Once family and resident clarified meds where to come from Polaris signed MD orders where required. Signed orders from MD was obtained and sent to pharmacy 4/2/26 however pharmacy stated they did not get them. A med cart audit was done on 4/7/26 . All staff responsible for passing medications was in serviced and reviewed regulation 1`87d as well as transcript's of following MD orders from PA Med Admin course on 4/17/26 . Administrator or designee will audit 2 resident a days medication and MAR to ensure compliance of regulation 187d. Weeklyx4 biweekly x2 monthly x2 then quarterly x1 year. (DIRECTED: The audits shall begin on 4/30/26 and documentation of the audits shall be kept for 1 month. [REDACTED] 4/28/26). A record of training will be kept

Proposed Overall Completion Date: 05/19/2026

Directed Completion Date: 05/08/2026

Not Implemented [REDACTED] 05/11/2026)

251c - Standardized Forms

11. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] is not completed on the Department's current standardized form. The home is licensed as a Chapter 2600-Personal Care Home; however, resident [REDACTED] medical evaluation is completed

251c - Standardized Forms (continued)

on the Department's Chapter 2800-Assisted Living Residence's medical evaluation form.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed ([REDACTED] - 04/28/2026)

Discharging facility sent resident with a ALF DME . All residents DME where reviewed on 4/7/26. Administrator reviewed regulation 251c on 4/7/26 . A new DME was obtained on 4/22/26 (DIRECTED: By 4/30/26: The administrator shall ensure a copy of resident [REDACTED] new medical evaluation is present in resident [REDACTED] record. [REDACTED] 4/28/26). Administrator shall review all new admission DME's and at least 2 resident records per month x6 to ensure all department standard forms are in use . (DIRECTED: The audits shall begin on 5/1/26. [REDACTED] 4/28/26).

Proposed Overall Completion Date: 04/30/2026

Directed Completion Date: 05/01/2026

Implemented ([REDACTED] - 05/11/2026)