

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

May 19, 2026

[REDACTED]
HIDDEN MEADOWS OPCO LLC

[REDACTED]
WHITE OAK HEALTHCARE REIT
[REDACTED]

RE: HIDDEN MEADOWS ON THE RIDGE
THE LAURELS
340 FARMERS LANE
SELLERSVILLE, PA, 18960
LICENSE/COC#: 14524

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2026, 02/10/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HIDDEN MEADOWS ON THE RIDGE THE LAURELS* License #: *14524* License Expiration: *07/20/2026*
 Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HIDDEN MEADOWS OPCO LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/05/2014* Issued By: *West Rockhill Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/10/2026*

Inspection Dates and Department Representative

02/09/2026 - On-Site: [REDACTED]
 02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *50* Residents Served: *38*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Whole home* Capacity: *50* Residents Served: *38*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *38* Have Physical Disability: *1*

Inspections / Reviews

02/09/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2026*

03/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/07/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2026*

Inspections / Reviews *(continued)*

03/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2026

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] Staff person A was involved in two separate allegations of abuse involving residents [REDACTED] and [REDACTED]. Staff person B witnessed the incidents and reported to staff person C on [REDACTED] at 7:25p. These allegations were not reported to the Local Area Agency on Aging in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27.

Plan of Correction

Accept [REDACTED] - 03/10/2026)

- On 12/19/25, when the Division Director of Resident Care learned about the incident from 11/29/25, the incident was reported to the local Area Agency on Aging.
- On 12/19/25, the plan was to suspend the Executive Director pending the outcome of an investigation but prior to leadership speaking to [REDACTED] [REDACTED] resigned effective immediately.
- On 12/19/25, the Division Director of Resident Care retrained the Memory Care Director on the requirements of regulation 2600.15a.
- On 12/22/25, the interim Executive Director, Director of Health & Wellness and Memory Care Director began retraining the staff on the requirements of regulation 2600.15a.
- Starting 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.15a.
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.15a.
- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.15a.
- On 2/25/26 during a staff meeting, the Executive Director retrained the community team on reporting abuse, types of abuse, and person-centered care.
- Starting in March 2026, the Executive Director or designee will conduct monthly trainings on the Older Adult Protective Services Act and mandatory abuse reporting for the next 6 months.
- Starting 3/16/26, the Director of Health and Wellness, the Memory Care Director, the Business Office Director and/or designee will be responsible for conducting 2 resident and 2 staff interviews regarding abuse weekly for 6 weeks then biweekly for 6 weeks then monthly for 3 months to ensure compliance with regulation 2600.15a.
- Documentation of training sessions will be maintained to ensure compliance.

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

Implemented [REDACTED] - 05/19/2026)

15b - Supervisor Plan

2. Requirements

2600.

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

Description of Violation

On [REDACTED] at 7:25 PM, the home received an allegation of abuse involving staff person A

15b Supervisor Plan (continued)

. The home did not develop and implement a plan of supervision or suspend staff person A.

Plan of Correction

Accept [REDACTED] - 03/10/2026)

On 12/19/25, when the Division Director of Resident Care learned about another incident involving Staff Member A, [REDACTED] was suspended pending the outcome of the investigation. So later that day, when the Division Director of Resident Care became aware of the incident from 11/29/25, Staff Member A was already suspended. Staff Member A was subsequently terminated on 1/6/26.

On 12/19/25, the Division Director of Resident Care retrained the Memory Care Director on the requirements of regulation 2600.15b.

Starting on 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.15b.

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.15b.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.15b. Community leadership is aware any staff named in any allegation of abuse must be suspended immediately pending the outcome of an investigation.

On 2/25/26 during a staff meeting, the Executive Director retrained the community team on reporting abuse, types of abuse, and person centered care.

Documentation of training sessions will be maintained to ensure compliance.

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

Implemented [REDACTED] - 05/19/2026)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] Staff person A was involved in two separate allegations of abuse involving residents [REDACTED] and [REDACTED] Staff person B witnessed the incidents and reported to staff person C on [REDACTED] at 7:25p. The home did not report this incident to the Department.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/10/2026)

On 12/19/25, when the Division Director of Resident Care learned about the incident from 11/29/25, the incident was reported to the Department.

On 12/19/25, the plan was to suspend the Executive Director pending the outcome of an investigation but prior to leadership speaking to [REDACTED] [REDACTED] resigned effective immediately.

On 12/19/25, the Division Director of Resident Care retrained the Memory Care Director on the requirements of regulation 2600.16c.

On 12/22/25, the interim Executive Director, Director of Health & Wellness and Memory Care Director began retraining the staff on the requirements of regulation 2600.16c.

16c Written Incident Report (continued)

Starting on 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.16c.

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.16c.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.16c.

Starting 3/9/26, all incidents will be reviewed during the morning department director meeting three times weekly for 6 weeks then twice weekly for 6 weeks then weekly for 6 weeks to ensure compliance with regulation 2600.16c.

Documentation of training sessions will be maintained to ensure compliance.

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

Implemented [redacted] - 05/19/2026

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated [redacted], for resident [redacted] was not signed by the resident. There was no indication the resident was given the opportunity to sign.

The resident home contract, dated [redacted], for resident [redacted] was not signed by the resident. There was no indication the resident was given the opportunity to sign.

Repeat Violation date: [redacted]

Plan of Correction

Accept [redacted] 03/10/2026

Resident [redacted] moved out of the community on 12/17/2025. Resident [redacted] signed [redacted] contract on 2/10/2026.

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.25.b.

On 2/11/26, the Executive Director conducted a retraining session for any staff involved in contract signings on the requirements of regulation 2600.25b.

Between 2/18/26 and 2/20/26, the Memory Care Director conducted an audit of all residents' records to ensure that contracts were signed by the residents and/or attempts to gather signatures were documented.

The admission checklist has been updated to ensure that residents' signatures are obtained prior to move in. The Director of Sales or designee will be responsible for ensuring that the checklist is completed in its entirety before the move in.

Starting 3/16/26, the Executive Director or designee will audit new contracts for the next 2 months to ensure compliance with regulation 2500.25b.

Documentation of training and/or meetings will be maintained.

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

Implemented [redacted] - 05/19/2026

42b - Abuse

5. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] during the 11 PM to 7 AM shift, Staff person A was observed to be verbally and physically aggressive to residents [REDACTED] and [REDACTED] when the residents were resistant to care.

Resident [REDACTED] has a diagnosis of [REDACTED]. Resident [REDACTED] assessment and support plan dated [REDACTED] shows that resident requires physical assistance with parts of toileting tasks and is on a toileting schedule, staff will assist with hygienic practices surrounding toilet use. Resident [REDACTED] cannot verbally communicate needs at times and staff will anticipate needs and watch for non-verbal cues. Resident [REDACTED] has difficulty following instructions, and has an inhibited ability to follow layered instructions and staff are to give simple instructions, speaking clearly and slowly, directly to the resident and give time for the resident to process the information.

Resident [REDACTED] has a diagnosis of [REDACTED] and [REDACTED]. Resident 2's assessment and support plan dated [REDACTED] shows that resident requires physical assistance with parts of toileting tasks and is on a toileting schedule, staff with assist with hygienic practices surrounding toilet use. Resident [REDACTED] cannot verbally communicate needs at times and is soft spoken. Staff are to anticipate resident's needs and watch for non-verbal cues. Resident [REDACTED] also has difficulty following instructions and has an inhibited ability to follow layered instructions, and staff should give simple instructions, speaking clearly and slowly, directly to the resident, and give time for the resident to process the information.

On [REDACTED], resident [REDACTED] refused to sit down on the toilet when staff person A and staff person B assisted [REDACTED] to the bathroom. Staff person A, began speaking to resident [REDACTED] in a raised aggressive voice, urging the resident to sit down. Staff person A then used their hands to push down on resident [REDACTED]'s shoulders forcing [REDACTED] to sit on the toilet. Later during the same shift, resident [REDACTED] also refused to sit down on the toilet when staff person A and staff person B attempted to assist [REDACTED] to the bathroom. Staff person A again, using a raised voice directing resident [REDACTED] to sit down, then used both hands to push down on resident 2's shoulders, forcing [REDACTED] to sit on the toilet.

Resident [REDACTED] has a diagnosis of [REDACTED] and [REDACTED]. Resident [REDACTED] support plan dated [REDACTED] shows that resident [REDACTED] has difficulty following instructions, and an inhibited ability to follow layered instructions and staff should give simple instructions clearly, slowly and directly to the resident and give time for the resident to process instructions. The support plan also indicates that resident [REDACTED] can become easily upset at times and staff will provide a calm environment and use a positive approach. Resident [REDACTED] prescribed [REDACTED] every 6 hours as needed for anxiety.

On [REDACTED], around 2:00 AM, Resident [REDACTED] was exhibiting signs of [REDACTED]; exiting [REDACTED] room, asking questions about other resident's rooms and pushing [REDACTED] wheelchair around in an unsafe manner. Staff person B was initially unable to redirect or calm resident [REDACTED] and subsequently contacted Staff person A, who was the only medication technician on duty at this time, to administer resident [REDACTED] PRN [REDACTED] for [REDACTED]. While waiting for staff person A to arrive at the facility, Staff person B was able to redirect resident [REDACTED] to the TV area where they agreed to sit and relax until they became sleepy. Staff person A arrived at the facility, a short while later, and attempted to administer the medication to resident [REDACTED] who refused and stated "You can't force me to take anything" and "No" multiple times. Staff person A then put the pill in applesauce and tried to force the cup into resident [REDACTED]'s mouth while talking in a condensing tone and repeatedly instructing resident [REDACTED] to open [REDACTED] mouth. Staff person A then told resident [REDACTED] that [REDACTED] will tell resident [REDACTED]'s family if they failed to take the medication in an effort to get the resident to comply with taking the medication.

42b Abuse (continued)

Staff person B and staff person D convinced staff person A to stop their attempts to administer the medication because resident [REDACTED] was clearly refusing. Staff person B and D agreed to sit with the resident for a while to further calm and redirect and eventually take the resident to their room.

Resident [REDACTED] has a diagnosis of [REDACTED] and [REDACTED]. Resident [REDACTED] assessment and support plan dated [REDACTED] shows [REDACTED] needs total supervision while in the home, is known to wander, and would be unsafe alone outside. Resident [REDACTED] requires direct supervision from family/team when off the unit.

On [REDACTED] between 2:30 PM and 2:35 PM resident [REDACTED] exited the home, presumably through the front door when a visitor of another resident exited the building. Resident [REDACTED] left the building and walked up the sidewalk about 500 yards past the exit of the community campus to the area where construction of a community/neighborhood was occurring. The sidewalk through the area was closed due to construction and the road is two lanes and has a speed limit of 15 mph. The resident was using a walker, dressed in a jacket, long sleeved shirt, long pants, with shoes and socks on. The high of the day was 39 degrees and the low was 21.

Around this time, staff member E was returning to the home and observed Resident [REDACTED] speaking with a construction worker in the street and stopped to address the resident. Staff person E stated that the resident was found with cold hands and rosy cheeks. Staff person E provided [REDACTED] personal handwarmers to resident 6 and attempted to have the resident sit in their vehicle. Resident [REDACTED] refused to enter staff person E's vehicle. Staff person E contacted Staff person F who arrived and was able to persuade resident 6 to enter [REDACTED] vehicle and return to the home. Resident 6 was returned to the home at 2:45 PM and was assessed to have no injuries. Direct Care Staff who were working at the time were unaware that resident [REDACTED] had left the building.

Resident [REDACTED] has a diagnosis of unspecified [REDACTED] and [REDACTED]. Resident [REDACTED]'s assessment and support plan dated [REDACTED] shows that resident [REDACTED] can become irritable at times, has judgement issues and is known to experience [REDACTED] and staff are to support by providing safety, structure, direction, redirection, and offer showers to help.

On [REDACTED], Resident [REDACTED] was prescribed [REDACTED] apply fingertip amount to [REDACTED] nightly at bedtime for 2 weeks then twice a week. On [REDACTED] at approximately 9:00 PM staff person G, who was scheduled to administer medications during this shift, indicated that they were uncomfortable administering this medication to resident [REDACTED] and requested staff person H, who has not been fully trained to administer medications, to assist with the administration. At this time, Staff person I, who was not up to date on their medication administration training, offered to help with the administration and took the medication to the resident's room with Staff person G and H. Upon entering the room, Resident [REDACTED] was sleeping in bed, wearing only a t shirt and no bottoms. Staff person H sat in a chair near resident [REDACTED] head. Staff person G woke up resident [REDACTED] and explained the need to administer the medication. Resident [REDACTED] declined and rolled away from the staff. Staff person I then donned a glove and placed the medication on [REDACTED] hand, spread the resident's legs and applied the medication to the resident's bottom or perineum area instead of the [REDACTED], while the resident screamed "You are sick! That is sick!".

Staff person G initialed on the resident's medication administration record that [REDACTED] administered the medication though it was not administered directly by Staff person G. Staff person I was heard throughout the rest of the shift by other staff members speaking proudly of administering the medication while also indicating that they had gotten [REDACTED] on their hand" during the process.

42b - Abuse (continued)

Repeat Violation: [REDACTED] and [REDACTED]

Plan of Correction

Accepted [REDACTED] 03/11/2026)

- Residents [REDACTED] and [REDACTED] were all assessed after the incidents they were involved in. None of the residents had any pain/discomfort or signs of injury. The responsible parties and primary care physicians for each resident were notified of the incidents. No new orders were received for any of the residents.
- On 12/19/25, when the Division Director of Resident Care learned about the incident from 11/29/2025, Staff Member A was suspended pending the outcome of the investigation. So later that day, when the Division Director of Resident Care became aware of the incident from 11/29/25, Staff Member A was already suspended. Staff Member A was subsequently terminated on 1/6/26.
- Staff person I was suspended on 12/2/25 and subsequently terminated on 12/4/25.
- On 1/15/26, 2/11/26 and 2/25/26, Staff Member G was retrained on the requirements of regulation 2600.42b. On 2/10/26 and 3/3/26, Staff Member G was retrained on the medication administration process. On 2/16/26, Staff Member G was presented with a final warning related to [REDACTED] involvement in the incident.
- Starting 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducted retraining for staff on the requirements for regulation 2600.42b
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.42b.
- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.42b.
- On 2/25/26 during a staff meeting, the Executive Director retrained the community team on reporting abuse, types of abuse, and person-centered care.
- On 12/18/25, Memory Care Director conducted an elopement drill on dayshift.
- Starting in January 2026, Memory Care Director or designee will conduct 2 elopement drills on different shifts per month for 3 months then 1 elopement drill on different shifts each month for an additional 3 months. Elopement drills were conducted on 1/9/26 on night shift, 1/27/26 on evening shift, 2/4/26 on day shift and 2/5/26 on evening shift. In March 2026, the elopement drills will be conducted on night shift and evening shift.
- Starting 2/16/26, on weekdays only, the concierge hours in memory care were increased to 8am – 4pm to provide additional oversight.
- Starting 3/7/26, weekend concierge hours were added in memory care from 8am – 4pm to ensure staff and visitors to provide additional oversight.
- Starting 3/5/26, Memory Care Director, Executive Director or designee began training staff on the elopement policy.
- On 12/18/25 and 3/2/26, communication was sent to the residents' responsible parties via email to remind them about the importance of ensuring the safety of residents in our secured dementia unit, including not allowing anyone to leave the secured dementia unit with them and ensuring the door closes securely behind them when entering and exiting the unit.
- On 3/3/26, communication was sent to the community team to remind them about the importance of always ensuring the exit doors in the memory care unit fully close.
- Starting in March 2026, the Executive Director or designee will conduct monthly trainings on the Older Adult Protective Services Act and mandatory abuse reporting for the next 6 months.
- Starting 3/16/26, the Director of Health and Wellness, the Memory Care Director, the Business Office Director and/or designee will be responsible for conducting 2 resident and 2 staff interviews regarding abuse weekly for 6 weeks then biweekly for 6 weeks then monthly for 3 months to ensure compliance with regulation 2600.42b.

42b Abuse (continued)

Documentation of training, meetings, and communication will be maintained.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] (05/19/2026)

57c - 2 Hours/Day**6. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED], there were 38 residents in the home all with mobility needs, requiring a total minimum of 76 hours of direct care service. On this date, only 59 hours of direct care staffing were provided.

Repeat Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 03/10/2026)

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.57c.

On 2/10/26, the schedule for direct care staff was reviewed for the next 4 weeks to ensure it was in compliance with regulation 2600.57c.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.57c.

Starting 3/3/26, the Director of Health and Wellness, the Memory Care Director, and the Staffing Coordinator will meet weekly for the next 2 months to review the direct care staff schedule to ensure ongoing compliance with regulation 2600.57c.

Documentation of training and/or meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

57d - Waking Hours**7. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], a total of 76 hours of direct care was required. However, only 45 of the required hours, or 59 percent, were provided during waking hours.

Repeat Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 03/10/2026)

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.57d.

On 2/10/26, the schedule for direct care staff was reviewed for the next 4 weeks to ensure it was in compliance

57d Waking Hours (continued)

with regulation 2600.57d.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.57d.

Starting 3/3/26, the Director of Health and Wellness, the Memory Care Director, and the Staffing Coordinator will meet weekly for the next 2 months to review the direct care staff schedule to ensure ongoing compliance with regulation 2600.57d.

Documentation of training and/or meetings will be maintained.

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

Implemented [REDACTED] 05/19/2026)

60a - Staff/Support Plan

8. 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], there were 38 residents in the home, all of whom require assistance with mobility and evacuation. On this date, 16 of the residents were experiencing [REDACTED] symptoms, including [REDACTED] and [REDACTED], related to a [REDACTED], requiring direct care support with hygiene and toileting/bowel management. According to staff interviews, these services could not be provided timely or at all due to lack of available direct care staffing in the home on [REDACTED] between 7:00am and 8:00am. During this time only staff person H was work, and was the only staff person available to provide care for all 38 residents, including the 16 who were experiencing symptoms.

Plan of Correction

Accept [REDACTED] - 03/10/2026)

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.60a.

On 2/10/26, the schedule for direct care staff was reviewed for the next 4 weeks to ensure it was in compliance with regulation 2600.60a.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.60a.

Starting 3/3/26, the Director of Health and Wellness, the Memory Care Director, and the Staffing Coordinator will meet weekly for the next 2 months to review the direct care staff schedule and needs of the current residents to ensure ongoing compliance with regulation 2600.60a.

Documentation of training and/or meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

63a - First Aid/CPR Training

9. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED], from 11:00 PM to 7:00 AM, 38 residents were present in the home. During this time no

63a First Aid/CPR Training (continued)

staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accepted [REDACTED] 03/10/2026)

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.63a.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.63a.

On 2/16/26, Business Office Director completed an audit of current employee file audits to identify employees in need of CPR/First Aid training.

A CPR class is scheduled for 3/19/2026. Staff who need to obtain CPR/First Aid training were notified of the class and the need for them to attend.

Starting 3/3/26, the Director of Health and Wellness, the Memory Care Director, and the Staffing Coordinator will meet weekly for the next 2 months to review the direct care staff schedule to ensure ongoing compliance with regulation 2600.63a.

Starting 3/9/26, Director of Health and Wellness, the Memory Care Director, the Staffing Coordinator or designee will monitor schedules twice weekly for 4 weeks then weekly for 4 weeks then biweekly for 4 weeks to ensure compliance with regulation 2600.63a.

Documentation of training and meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

65f - Training Topics**10. Requirements**

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person J did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year [REDACTED]

Plan of Correction

Accepted [REDACTED] - 03/10/2026)

Staff person J was terminated on [REDACTED].

Starting 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.65f.

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.65f.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the

65f - Training Topics (continued)

requirements of regulation 2600.65f.

- On 2/25/26 during a staff meeting, the Executive Director retrained the community team on the requirements of regulation 2600.65f.
- By 3/13/26, the Business Office Director or designee will audit current staff files to ensure compliance with regulation 2600.65f.
- Starting 3/16/26, the Business Office Director or designee will audit 2 staff files weekly for 4 weeks then biweekly for 4 weeks then monthly for 1 month to ensure compliance with regulation 2600.65f.
- Documentation of training and meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

65g - Annual Training Content

11. Requirements

2600.

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

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

Description of Violation

Staff person I did not receive training in resident rights, fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations during training year [REDACTED] to [REDACTED]

Staff person J did not receive training in resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), emergency preparedness procedures and recognition and response to crises and emergency situations, fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, during training year [REDACTED] to [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/10/2026)

- Staff person I was terminated on [REDACTED].
- Staff person J was terminated on [REDACTED].
- Starting 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.65g.
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.65g.
- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.65g.
- On 2/25/26 during a staff meeting, the Executive Director retrained the community team on the requirements of regulation 2600.65g.
- On 2/26/26, the Director of Facilities, who is also the Fire Safety Expert, conducted a training on emergency

65g - Annual Training Content (continued)

preparedness procedures and fire safety on during a staff meeting.

- By 3/13/26, the Business Office Director or designee will audit current staff files to ensure compliance with regulation 2600.65g.
- Starting 3/16/26, the Business Office Director or designee will audit 2 staff files weekly for 4 weeks then biweekly for 4 weeks then monthly for 1 month to ensure compliance with regulation 2600.65g.
- Documentation of training and meetings will be maintained.

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

Implemented () - 05/19/2026)

82c - Locking Poisonous Materials

12. Requirements

2600.

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

Description of Violation

On [redacted] at 9:26 AM, a bottle of Germs Be Gone Hand Sanitizer and a bottle of Spectrum Advanced Hand Sanitizer, both with a manufacturer's label indicating "if swallowed get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the common TV area cabinet.

Not all the residents of the home, including resident [redacted] have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 03/10/2026)

- On 2/9/26, during the inspection, the hand sanitizers were immediately removed from the TV cabinet area and placed in a secured area.
- Starting 2/9/26, the Director of Health and Wellness and the Memory Care Director began conducting retraining for staff on the requirements for regulation 2600.82c.
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.82c.
- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.82c.
- On 2/25/26 during a staff meeting, the Executive Director retrained the community team on the requirements of regulation 2600.82c.
- Starting 3/9/26, the Memory Care Director or designee will check 2 common areas and 2 resident rooms weekly for 6 weeks then biweekly for 6 weeks then monthly for 3 months to ensure compliance with regulation 2600.82c.
- Documentation of training and meetings will be maintained.

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

Implemented () - 05/19/2026)

141b1 - Annual Medical Evaluation

13. Requirements

141b1 Annual Medical Evaluation (continued)

2600.

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

Description of Violation

Resident [redacted]s most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted].

Repeat Violation Date: [redacted]

Plan of Correction

Accept [redacted] - 03/10/2026)

- Resident [redacted] was discharged on [redacted].
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.141b1.
- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.141b1.
- Between 2/18/26 - 2/20/26, Memory Care Director audited current resident files to ensure annual medical evaluations are current and accurate.
- Starting 3/9/26, Memory Care Director or designee will audit 2 resident files weekly for 4 weeks then biweekly for 4 weeks then monthly for 1 month to ensure compliance with regulation 2600.141b1.
- Documentation of training and meetings will be maintained.

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

Implemented [redacted] - 05/19/2026)

182b Prescription Medication

14. Requirements

2600.

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

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

Description of Violation

On [redacted] at approximately 9:00 PM staff person I administered medications to residents to include the following: [redacted] to resident [redacted]. Staff person I is not a staff person who has completed the medication administration training as specified in § 2600.190, for the administration of [redacted] and [redacted] prescription medications; [redacted] and [redacted] for insect bites or other allergies.

Plan of Correction

Accept [redacted] - 03/10/2026)

- Staff person I was terminated on [redacted].
- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.182b.

182b Prescription Medication (continued)

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.182b.

On 2/10/26 and 2/11/26, the Resident Care Specialist, who is a Train the Trainer for Medication Administration in Pennsylvania, retrained current med techs and nurses on the requirements of regulation 2600.182b.

Starting in March 2026, Memory Care Director or Resident Care Specialist, both are Train the Trainers for Medication Administration in Pennsylvania, or Practicum Observer designee will conduct trainings for current nurses and med techs on proper medication administration monthly for 3 months to ensure compliance with regulation 2600.182b.

Documentation of training and meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

187a - Medication Record

15. Requirements

2600.

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

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

Description of Violation

On [REDACTED] at approximately 9:00 PM, resident [REDACTED] was administered [REDACTED] by staff person I, however staff person G initialed the [REDACTED] medication administration record with their own initials.

Plan of Correction

Accept [REDACTED] - 03/10/2026)

Staff person I was terminated on [REDACTED].

On 2/10/26 and 3/3/26, Staff Member G was retrained on the medication administration process. On 2/16/26, Staff Member G was presented with a final warning related to [REDACTED] involvement in the incident.

On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.187a.

On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.187a.

On 2/10/26 and 2/11/26, the Resident Care Specialist, who is a Train the Trainer for Medication Administration in Pennsylvania, retrained current med techs and nurses on the requirements of regulation 2600.187a.

Starting in March 2026, Memory Care Director or Resident Care Specialist, both are Train the Trainers for

187a - Medication Record (continued)

Medication Administration in Pennsylvania, or Practicum Observer designee will conduct trainings for current nurses and med techs on proper medication administration monthly for 3 months to ensure compliance with regulation 2600.187a.

- Documentation of training and meetings will be maintained.

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

Implemented [REDACTED] - 05/19/2026)

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - apply fingertip amount to [REDACTED] nightly at bedtime for 2 weeks then twice a week. However, resident [REDACTED] was administered this medication on [REDACTED] at approximately 9:00 PM after [REDACTED] was woken up. The medication was applied to the resident's bottom or perineum area and not the vaginal introitus.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/10/2026)

- Staff person I was terminated on [REDACTED].

- On 2/10/26 and 3/3/26, Staff Member G was retrained on the medication administration process. On 2/16/26, Staff Member G was presented with a final warning related to [REDACTED] involvement in the incident.

- On 2/10/26, the Division Director of Resident Care provided retraining to the Executive Director, Memory Care Director, and Director of Health and Wellness on the requirements of regulation 2600.187d.

- On 2/11/26, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.187d.

- On 2/10/26 and 2/11/26, the Resident Care Specialist, who is a Train the Trainer for Medication Administration in Pennsylvania, retrained current med techs and nurses on the requirements of regulation 2600.187d.

- Starting in March 2026, Memory Care Director or Resident Care Specialist, both are Train the Trainers for Medication Administration in Pennsylvania, or Practicum Observer designee will conduct trainings for current nurses and med techs on proper medication administration monthly for 3 months to ensure compliance with regulation 2600.187d.

- Documentation of training and meetings will be maintained.

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

Implemented ([REDACTED] 05/19/2026)

236 - Staff Training

17. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

236 - Staff Training (continued)**Description of Violation**

Direct care staff person J, who works in the Secure Dementia Care Unit (SDCU) had only 3 hours of training in dementia care during the [REDACTED] to [REDACTED] training year.

Repeat Violation: [REDACTED]

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

- Staff person J was terminated on [REDACTED]
- By 3/6/26, Memory Care Director will audit current direct care staff files to ensure compliance with regulation 2600.236.
- By 3/31/26, current direct care staff will complete 6 hours of annual training related to dementia care and services.
- Starting in April 2026, the Business Office Director or designee will conduct quarterly audit of current direct care staff files for 4 consecutive quarters to ensure compliance with regulation 2600.236.
- Documentation of training and audits will be maintained.

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

Implemented [REDACTED] - 05/19/2026)