

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

May 11, 2026

[REDACTED], ADMINISTRATOR
BH BRIGHTVIEW DEVON OPCO, LLC
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087

RE: BRIGHTVIEW DEVON
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087
LICENSE/COC#: 15187

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026, 02/11/2026 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: BRIGHTVIEW DEVON License #: 15187 License Expiration: 03/07/2026
Address: 301 EAST CONESTOGA ROAD, WAYNE, PA 19087
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: BH BRIGHTVIEW DEVON OPCO, LLC
Address: 301 EAST CONESTOGA ROAD, WAYNE, PA, 19087
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 03/13/2019 Issued By: Tredyffrin Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 02/11/2026

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]
02/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 95	Residents Served: 70		
Secured Dementia Care Unit			
In Home: Yes	Area: Wellspring	Capacity: 25	Residents Served: 22
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 70		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 40	Have Physical Disability: 0		

Inspections / Reviews

02/10/2026 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2026

03/17/2026 - POC Submission
Submitted By: [REDACTED] Date Submitted: 04/08/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2026

Inspections / Reviews *(continued)*

03/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2026

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

82b - Poisonous Material Storage

1. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

Spic and Span Anti-Bacterial Spray cleaner with a manufacturer's label indicating "Do not induce vomiting when this product is swallowed. If vomiting occurs spontaneously, keep victim in an upright position. Get medical advice by calling a poison control center, doctor or hospital emergency room", was stored in the middle lower cabinet of the Memory Care kitchen island alongside a bag of walnuts, a can of cooking spray, a bottle of olive oil, a box of sugar cones and a container of hot cocoa mix.

Plan of Correction

Accept ([redacted] - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Wellspring Village Director to remove the item and lock the cabinet.

To enhance the currently compliant operations, on 03/01/2026 the Wellspring Village Director will host a departmental meeting of front line associates that work directly in the in neighborhood (caregivers, housekeeper, dining associate) to review the Brightview policy - Wellspring Village Environment to secure cabinets and proper storage of chemicals, with a completion date of 03/31/2026.

Effective 03/15/2026 the Wellspring Village Director will perform weekly audits of common area and apartment inspections , through 04/06/2026 to maintain ongoing compliance with storing poisonous materials separately from food, food preparation surfaces and dining surfaces. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

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

82c - Locking Poisonous Materials

2. 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

Spic and Span Anti-Bacterial Spray cleaner with a manufacturer's label indicating "Do not induce vomiting when this product is swallowed. If vomiting occurs spontaneously, keep victim in an upright position. Get medical advice by calling a poison control center, doctor or hospital emergency room", was unlocked, unattended, and accessible to residents in the middle lower cabinet of the Memory Care kitchen island. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Zinc Oxide Paste, with a manufacture's label indicating "In case of accidental ingestion, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room 7. Not all the residents of the home, including Resident 1, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept (█) - 03/23/2026

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Wellspring Village Director to remove the item and lock the cabinet.

To enhance the currently compliant operations, on 03/01/2026 the Wellspring Village Director will host a departmental meeting of front line associates that work directly in the in neighborhood (caregivers, housekeeper, dining associate) to review the Brightview policy - Wellspring Village Environment to secure cabinets and proper storage of chemicals, with a completion date of 03/31/2026.

Effective 03/15/2026 the Wellspring Village Director will perform weekly audits of common area and apartment inspections , through 04/06/2026 to maintain ongoing compliance with storing poisonous materials separately from food, food preparation surfaces and dining surfaces. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/10/2026:

- at 9:43 am, there were hardened food product spills in the Memory Care kitchen freezer.
- at 10:24 am, there were hardened juice spills in the 3rd floor kitchen refrigerator.

Plan of Correction

Accept (█) - 03/23/2026

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Maintenance Director to ensure the housekeeper immediately cleaned each refrigerator.

To enhance the currently compliant operations, on 03/01/2026 the Maintenance Director will hold a departmental meeting (housekeepers, maintenance techs) to review a weekly cleaning schedule for common area refrigerators, with a completion date of 03/31/2026.

Effective 03/15/2026 the Maintenance Director will perform weekly inspections of common area refrigerators, through 04/06/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

85a - Sanitary Conditions (continued)

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

Implemented (█) - 05/11/2026)

89a - Water Pressure

4. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 2/10/2026 at approximately 10:20 am, the home did not have sufficient hot water to the sink in the 3rd floor common bathroom.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Maintenance Director to replace the bathroom faucet.

To enhance the currently compliant operations, on 03/01/2026 the Maintenance Director will review the water temperature logs and procedure in the departmental meeting with the maintenance technicians who are responsible for water temperatures , with a completion date of 03/31/2026.

Effective 03/15/2026 the Maintenance Director will perform weekly reviews of temperature logs, through 04/06/2026 to maintain ongoing compliance with ensuring there is hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

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

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

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Maintenance Director to installed a working light bulb in the lamp at the bedside.

101j7 - Lighting/Operable Lamp (continued)

To enhance the currently compliant operations, on 03/01/2026 the Personal Care Director will review the regulation that all residents must have a working light/lamp next to their bed in the departmental meeting with the personal care resident assistants, with a completion date of 03/31/2026.

Effective 03/15/2026 the Personal Care Director will perform weekly audits of apartment inspections , through 04/06/2026 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

103d - Storing Food Off Floor

6. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 2/20/2026 at 11:01 am, pork butt and chicken was stored on the floor in the main kitchen walk in freezer.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Dining Service Director to immediately removed items from the walk-in freezer.

To enhance the currently compliant operations, on 03/01/2026 the Dining Service Director will will host an in-service to educate dining associates on proper food storage, with a completion date of 03/31/2026.

Effective 03/15/2026 the Dining Service Director will perform weekly inspections of of freezers and refrigerators , through 04/06/2026 to maintain ongoing compliance with ensuring food is stored off the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

103f - Refrigerator/Freezer Temps

7. 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

There was no thermometer in the refrigerator or freezer in the 3rd floor kitchen.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█) - 03/23/2026

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Dining Service Director to added thermometers to freezer and refrigerator.

To enhance the currently compliant operations, on 03/01/2026 the Dining Service Director will host an in-service with the dining associates to maintain thermometers in all freezers and refrigerators, with a completion date of 03/31/2026.

Effective 03/15/2026 the Dining Service Director will perform weekly inspections of freezers and refrigerators , through 04/06/2026 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026

103g - Storing Food

8. Requirements

2600.

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

Description of Violation

Chicken in the walk-in freezer, and, steaks and chicken tenders in the prep refrigerator, both located in the main kitchen, were opened and unsealed.

Plan of Correction

Accept (█) - 03/23/2026

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Dining Service Director to removed the items from the walk-in freezer.

To enhance the currently compliant operations, on 03/01/2026 the Dining Service Director will host an in-service to review the date marking ready-to-eat, potentially hazardous foods policy for the dining associates, with a completion date of 03/31/2026.

Effective 03/15/2026 the Dining Service Director will perform weekly inspections of refrigerators and freezers , through 04/06/2026 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026

105g - Lint Removal and Duct Cleaning

9. Requirements

105g - Lint Removal and Duct Cleaning (continued)

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/10/2026, there was an accumulation of lint in the lint trap of the first dryer in the 3rd floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Personal Care Director to removed the lint from the dryer and checked all the other dryers.

To enhance the currently compliant operations, on 03/01/2026 the Personal Care Director will host an in-service for personal care associates to review the laundry room policy and the importance of removing lint after each laundry cycle, with a completion date of 03/31/2026.

Effective 03/15/2026 the Personal Care Director will perform weekly audits of the lint traps and review lint logs, through 04/06/2026 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

132g - Fire Drills Days/Times

10. 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 last three fire drills held by the home, dated 11/13/2025, 12/4/2025 and 1/29/2026, were all held on a Thursday.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Maintenance Director to review the fire drill dates for calendar year 2026.

To enhance the currently compliant operations, on 03/01/2026 the Maintenance Director will will alternate the days fire drills are conducted, with a completion date of 03/31/2026.

132g Fire Drills Days/Times (continued)

Effective 03/15/2026 the Executive Director will perform monthly reviews of the fire drill record, through 04/06/2026 to maintain ongoing compliance with ensuring fire drills are 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/10/2026, menus for the weeks of 2/8 through 2/14/2026, and 2/15 through 2/21/2026, were not posted in a conspicuous and public place in the Memory Care unit.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Dining Room Manager to posted the two week menu cycle in the memory care neighborhood.

To enhance the currently compliant operations, on 03/01/2026 the Dining Service Director will update the menus weekly, with a completion date of 03/31/2026.

Effective 03/15/2026 the Dining Room Manager will perform monthly checks of the posted menus, through 04/06/2026 to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

182b - Prescription Medication

12. 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.

182b Prescription Medication (continued)

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 the morning of 2/4, 2/6 and 2/11/2026, Staff Person A administered medications to residents to include the following: Aspirin EC Tab 81 mg, Carbid/Levo Tab 25/100 mg, Fexofenadine Tab 180 mg, Finasteride Tab 5 mg, Magnesium Ox Tab 400 mg, Metoprolol Succ ER Tab 25mg, and Omeprazole Cap 20 mg. Staff person A is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home, 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, or, 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.

Plan of Correction**Accept (█ - 03/23/2026)**

In response to the violation identified on 02/10/2026 by the Pennsylvania Bureau of Human Services Licensing, immediate corrective action was initiated on 02/10/2026. The Health Services Director conducted a review of all medication technician training records to identify any gaps in compliance with medication administration training requirements.

The identified deficiency was administrative in nature, related to a trainer no longer maintaining the required credentials. Upon discovery, all affected medication technicians were promptly scheduled for retraining and successfully completed retraining by a qualified and credentialed trainer by 02/20/2026. All staff met the requirements outlined in § 2600.190 prior to continuing medication administration responsibilities.

To prevent recurrence, the following systemic measures will be implemented:

By 03/31/2026, the Health Services Director will complete a comprehensive audit of all medication administration staff credentials to ensure all certifications are current and meet regulatory requirements.

A centralized tracking system will be implemented and maintained by 04/06/2026 to monitor staff qualifications, certification status, trainer credentials, and renewal deadlines.

The Administrator or designee will review staff schedules on an ongoing basis to ensure that only properly trained and qualified staff are assigned medication administration responsibilities.

The Health Services Director will verify trainer qualifications prior to any future medication administration training to ensure compliance with regulatory standards.

Any staff identified as not meeting medication administration training requirements in the future will not be permitted to administer medications until all qualifications are met.

This plan will be fully implemented by 04/06/2026, at which time the home will demonstrate substantial

182b Prescription Medication (continued)

compliance. Ongoing monitoring will be conducted through routine credential tracking and scheduling oversight to ensure continued adherence to medication administration regulations.

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

Implemented (█) - 05/11/2026)

183d - Prescription Current

13. 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 2/10/2026, the following medications were observed on a shelf in the bathroom of Resident 3's apartment: Aleve 220 mg caplets, Refresh eye drops and Tylenol 500 mg caplets. These medications are not listed on Resident 3's current medication orders.

On 2/11/2026, Desloratadine Tab 5 mg prescribed for Resident 4, was in the home's medication cart; however, the medication was discontinued on 10/28/2025.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Health Service Director to removed the medication from the residents apartment and removed the discontinued medication from the cart.

To enhance the currently compliant operations, on 03/01/2026 the Health Service Director will will host a in service for medicine technicians to review the medication management policy and the appropriate storage for resident medication, with a completion date of 03/31/2026.

Effective 03/15/2026 the Health Service Director will perform weekly audits of medication carts, through 04/06/2026 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

185a - Implement Storage Procedures

14. Requirements

2600.

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

Description of Violation

Resident 3

185a - Implement Storage Procedures (continued)

is prescribed Milk of Magnesia Susp, administer 30 ml (2 tablespoonsful) by mouth every twenty-four hours as needed. On 2/11/2026 this medication was not available in the home.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Health Service Director to reviewed the medical cart of the resident with the physician, it was determined to discontinue the medication.

To enhance the currently compliant operations, on 03/01/2026 the Health Service Director will host an in-service on the medication management policy with the medication technicians and wellness nurses, with a completion date of 03/31/2026.

Effective 03/15/2026 the Health Service Director will perform weekly audits of medication carts, through 04/06/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/11/2026)

190b - Insulin Injections

15. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 2/4, 2/6 and 2/11/2026 in the morning, before breakfast, Staff Person A, who has not successfully completed the Department-approved medications administration course, completed blood glucose checks on Resident 4.

On 2/1/2026 at lunchtime, Staff Person B, who has not successfully completed the Department-approved medications administration course, administered insulin to Resident 5.

Plan of Correction

Accept (█) - 03/23/2026)

In response to the violation identified on 02/10/2026 by the Pennsylvania Bureau of Human Services Licensing, immediate corrective action was initiated on 02/10/2026.

The Health Services Director conducted a review of all medication technician training records to identify any gaps in compliance with medication administration training requirements.

The identified deficiency was administrative in nature, related to a trainer no longer maintaining the required credentials. Upon discovery, all affected medication technicians were promptly scheduled for retraining and successfully completed retraining by a qualified and credentialed trainer by 02/20/2026.

All staff met the requirements outlined in § 2600.190 prior to continuing medication administration responsibilities. To prevent recurrence, the following systemic measures will be implemented:

By 03/31/2026, the Health Services Director will complete a comprehensive audit of all medication administration

190b - Insulin Injections (continued)

staff credentials to ensure all certifications are current and meet regulatory requirements.
 A centralized tracking system will be implemented and maintained by 04/06/2026 to monitor staff qualifications, certification status, trainer credentials, and renewal deadlines.
 The Administrator or designee will review staff schedules on an ongoing basis to ensure that only properly trained and qualified staff are assigned medication administration responsibilities.
 The Health Services Director will verify trainer qualifications prior to any future medication administration training to ensure compliance with regulatory standards.
 Any staff identified as not meeting medication administration training requirements in the future will not be permitted to administer medications until all qualifications are met.
 This plan will be fully implemented by 04/06/2026, at which time the home will demonstrate substantial compliance. Ongoing monitoring will be conducted through routine credential tracking and scheduling oversight to ensure continued adherence to medication administration regulations.

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

Implemented () - 05/11/2026)

225c - Additional Assessment

16. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 1 eloped from the Memory Care Unit on (), however as of 2/10/2026, the resident's assessment has not been updated to reflect Resident 1's exit seeking behavior and/or need for increased supervision.

Plan of Correction

Accept () - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Health Service Director to updated the resident care plan to reflect exit seeking behavior.

To enhance the currently compliant operations, on 03/01/2026 the Health Service Director will review resident care plans and educate the wellness nurses on the need for a change of condition assessment, with a completion date of 03/31/2026.

Effective 03/15/2026 the Health Service Director will perform a monthly review of resident care plans , through 04/06/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 05/11/2026)

227g -Support Plan Signatures

17. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 03/23/2026)

In response to the violation on 02/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Health Service Director to provide the resident the opportunity to sign the support plan.

To enhance the currently compliant operations, on 03/01/2026 the Health Service Director will will review the service/support plan policy and audit all support plans have a signature with the Wellspring Village Director and Personal Care Director, with a completion date of 03/31/2026.

Effective 03/15/2026 the Health Service Director will perform weekly checks of resident signature for all current residents and new residents, through 04/06/2026 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

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