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

September 2, 2026

[redacted], MEMBER
ROCHESTER VILLA OPCO LLC
174 VIRGINIA AVENUE
ROCHESTER, PA, 15074

RE: THE VILLAS AT ROCHESTER
174 VIRGINIA AVENUE
ROCHESTER, PA, 15074
LICENSE/COC#: 45279

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2026, 02/12/2026 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: *THE VILLAS AT ROCHESTER* **License #**: *45279* **License Expiration**: *07/01/2026*

Address: *174 VIRGINIA AVENUE, ROCHESTER, PA 15074*

County: *BEAVER* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *ROCHESTER VILLA OPCO LLC*

Address: *174 VIRGINIA AVENUE, ROCHESTER, PA, 15074*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/05/1995* **Issued By**: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *55* **Waking Staff**: *41*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *02/12/2026*

Inspection Dates and Department Representative

02/11/2026 - On-Site: [redacted]

02/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *52*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *48* **Are 60 Years of Age or Older**: *43*

Diagnosed with Mental Illness: *25* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *3* **Have Physical Disability**: *3*

Inspections / Reviews

02/11/2026 Full

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

03/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/17/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/17/2026*

Inspections / Reviews *(continued)*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/11/26, at approximately 10:16 a.m., residents #1's empty Furosemide blister pack and resident #2's empty Clonazepam blister pack were unlocked, unattended, accessible in the side garbage can of the medication cart in the dining area of the Renaissance Unit. The blister packs included the resident's name and medication name.
REPEAT VIOLATION: 2/11/25

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

- Blister packs were removed and placed in a shred bin behind the lock front office on 2/11/2026 by Resident Care Leads.
- All staff will be reeducated on 3/19/2026 on record confidentiality, HIPPA and PHI policy, protocol by PCHA
- An audit will be completed by PCHA or designated person to ensure that all resident information is locked in a secured area or is properly discarded. This audit will completed for 30 days, 2-3 times/daily.

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

Implemented ([redacted] - 07/23/2026)

25b - Contract Signatures

3. 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

On 2/11/26, resident #3 was admitted to the home on [redacted] however, the contract was not signed by the resident until [redacted]

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

- Initial audit will be completed on 3/13/2026 by PCHA or designated person to ensure that all current resident have signed their contracts.
- the Business Office Manager and Resident Care Leads will be inserviced on 3/19/2026 on regulation 2600.25 by PCHA
- PCHA will audit all new admission contracts to ensure compliance of 2600.25 and sign an "Confirmation of Review and Compliance" form as an added procedure to the contract signing process starting 3/6/2026

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented ([redacted] - 07/23/2026)

63a - First Aid/CPR Training

4. Requirements

2600.

63a First Aid/CPR Training *(continued)*

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 2/6/26, 2/7/26, and 2/8/26, 52 residents were in the home. Only 1 staff person was certified in first aid/CPR from 11:00 p.m. to 7:00 a.m.

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

on 2/13/2026 PCHA ensured that least two staff were scheduled on every shift and scheduled a CPR/First aid class for 3/16/2026

HR director or designated person will complete an audit on 3/13/2026 of all staff who need a CPR/First Aide certification or needs recertified.

All DCS with expired certifications or within a certification be CPR/first aid trained by [redacted] on 3/16/2026.

HR director will be trained by PCHA by 3/19/2026 on 2600.63a regulation to ensure that compliance is followed.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented (- 07/23/2026)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

On 2/11/26, staff person A, hired [redacted], did not receive orientation training in any of the required topics under 2600.65(a).

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

All DCS will be trained on 3/19/2026 on fire safety and emergency preparedness by Maintenance director.

Staff training will be audited by PCHA or designated person 7 days after orientation to ensure that any new staff member has received all state required training under reg 2600.65. In addition addition, an orientation checklist will be kept will all staff files to ensure compliance of 2600.65 starting 3/9/2026.

HR director will be trained by PCHA by 3/19/2026 on 2600.65 regulation to ensure that compliance is followed.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented (- 07/23/2026)

65b - Rights/Abuse 40 Hours

6. Requirements

65b - Rights/Abuse 40 Hours *(continued)*

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

On 2/11/26, staff person A, hired [redacted] did not receive training on resident rights at required under 2600.65(b).

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

- All DCS will be trained on 3/19/2026 on OAPSA, Residents rights, emergency medical plan and reportable incidents/conditions.
- Staff training will be audited by PCHA or designated person 7 days after orientation to ensure that any new staff member has received all state required training under reg 2600.65. In addition addition, an orientation checklist will be kept will all staff files to ensure compliance of 2600.65 starting 3/9/2026.
- HR director will be trained by PCHA by 3/19/2026 on 2600.65 regulation to ensure that compliance is followed.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented ([redacted] - 07/23/2026)

65i - Training Record

7. Requirements

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

Description of Violation

On 2/11/26, staff person B's orientation training did not list the staff person's name and date the training was completed.

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

- Staff training will be audited by PCHA or designated person 7 days after orientation to ensure that any new staff member has received all state required training under reg 2600.65. In addition addition, an orientation checklist will be kept will all staff files to ensure compliance of 2600.65 starting 3/9/2026.
- HR director will be trained by PCHA by 3/19/2026 on 2600.65 regulation to ensure that compliance is followed.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented ([redacted] - 07/23/2026)

81b - Resident Personal Equipment

8. 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

Resident #4 has an assist bar on [redacted] bed that is not secured, allowing movement of approximately 4 inches from

81b - Resident Personal Equipment (continued)

the mattress and a cover partially on the device, allowing an uncovered opening of approximately 11 inches by 13 inches, posing an entrapment hazard and a fall risk.

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

- Maintenance was notified on 2/13/2026 about the condition of the enabler bar and the enabler bar was properly installed on 2/14/2026.
- PCHA will inservice all staff and maintenance staff on 2600 81 on 3/19/2026
- PCHA or designated person will conduct a walk through audit daily ensuring resident personal equipment are in good repair. A work order must be submitted to maintenance or appropriate department within 24hrs of discovery of an unrepaired item. this audit will be completed 3x/week for 30 days.

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

Implemented (- 07/23/2026)

85a - Sanitary Conditions

9. Requirements

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

Description of Violation

On 2/11/26, at approximately 10:15 a.m., there was spilled milk and cooked oatmeal spilled on the kitchen counter and 2 used sponges and rags in the kitchen sink in the Renaissance Unit's kitchen.

On 2/11/26, the box springs on the bed on the left side of the room in bedroom #230 was dirty and the fitted sheet was stained on the Renaissance Unit.

On 2/12/25, a towel was laid out on the bottom of the refrigerator next to the coffee pot in the Renaissance Unit.

On 2/12/26, there were food particles throughout the microwave in the kitchen in the Renaissance Unit.

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

- PCHA had DCS clean and sanitize the kitchen and dining area and change the sheets in room 230 on 2/11/2026.
- PCHA will inservice all staff on 3/19/2026 on 2600.85. Housekeeping director will also train all staff of how to properly maintain, clean, and sanitize, resident rooms and common areas on 3/19/2026.
- PCHA ordered new fitted sheets on 3/4/2026. Sheets were received in house 3/6/2026.
- Housekeeping director or designated person will complete a linen audit and discard any stained lines starting 3/9/2026. This audit will be completed once a week for 30 days.
- A daily walk through audit will be completed daily, twice a day for 30 days by PCHA or designated person to ensure that all resident room and common areas are neat, clean and sanitized. Audit will be started on 3/9/2026.

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

85a - Sanitary Conditions *(continued)*

Implemented ([redacted] - 07/23/2026)

85d - Trash Receptacles

10. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/11/26, there was no lid on the partially filled garbage can in the kitchen in the Renaissance Unit.

On 2/11/26, there was no lid on the partially filled garbage can in the shared bathroom in bedroom #226 and bedroom #230 in the Renaissance Unit.

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

- on 3/6/2026 PCHA ordered new trash can for the renaissance kitchen and resident room 230. DCS will replace the trash receptacles once they are delivered.
- PCHA or designated person will audit all resident room and bathrooms ensuring trash receptacles have lids. any receptacle without a lid will be replaced.This audit will be completed weekly for 30 days.
- on 3/19/2026 all staff will be trained on 2600.85 by PCHA.

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

Implemented ([redacted] - 07/23/2026)

95 - Furniture and Equipment

11. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1/12/26, the lower side cupboard next to the refrigerator was missing the top hinge and hanging down in the kitchen in the Renaissance Unit.

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

- Maintenance was notified on 2/12/2026 by DCS that the cupboard hinge was missing. Maintenance repaired the hinge on 3/4/2026.
- PCHA will educate all staff on 2600.95 on 3/19/2026.
- PCHA or designated person will conduct a walk through audit daily ensuring furniture and equipment are in good repair. A work order must be submitted to maintenance within 24hrs of discovery of an unrepaired item. this audit will be completed 3x/week for 30 days.

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

Implemented ([redacted] - 07/23/2026)

102i - Soap Dispenser

12. 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

On 2/11/26, there was a used bar of soap in the shower in the shared common bathroom by bedroom #238 in the Renaissance Unit.

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

- The used bar of soap located in the shared bathroom near bedroom #238 was removed immediately and replaced with labeled bottle body wash on 2/11/2026 by DCS.
- An infection control and sanitation in-service will be conducted on 3/19/2026 by PCHA housekeeping and DCS.
- The Housekeeping director or appoint person will conduct weekly bathroom sanitation audits to ensure only approved/appropriate soap are present for 30 days.

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

Implemented ([redacted] - 07/23/2026)

103e - Left Overs

13. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/11/26, there was an opened and undated box of burgers in the freezer next to the coffee pot in the kitchen in the Renaissance Unit.

On 2/11/26, there was an opened and undated box of egg rolls in the freezer near to the sink in the kitchen in the Renaissance Unit.

REPEAT VIOLATION: 2/11/25

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

- DCS Staff will be reeducated on the importance of regulation 2600.103E. on 3/19/2025 during mandatory staff meeting by PCHA.
- Dietary was reeducation on regulation 2600.103 on 3/4/2026 by PCHA.
- All newly opened food were dated and labeled. Opened, undated and unlabeled foods were discarded by DCS staff on 2/13/2025.
- A daily walkthrough will be completed and documented by dietary Director ensuring foods are dated for 30 days.
- First walkthrough will be completed Friday 2/14/2026

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

Implemented ([redacted] - 07/23/2026)

103f - Refrigerator/Freezer Temps

14. 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

On 2/11/26, there was no thermometer in the freezer next to the coffee pot in the kitchen in the Renaissance Unit.

On 2/11/26, the temperature in the freezer near to the sink in the kitchen in the Renaissance Unit measured 20 degrees Fahrenheit at 10:13 a.m. and On 2/12/26 measured 5 degrees Fahrenheit.

REPEAT VIOLATION: 2/11/25

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

- The temperature was decrease on the refrigerator and freeze on 2/12/2026 by DCS. Freezer was reading at 0 degrees at 3:14pm
- A thermometer was placed in freezer on 2/13/2026 by DCS.
- A weekly audit will be completed by Kitchen director or appointed person for 30 days to ensure all refrigerators and freezers have a working thermometer and that they are temping at alt least 0 degrees.
- DCS education will completed on 3/19/2026 by PCHA pertaining to 2600.103f

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

Implemented ([redacted] - 07/23/2026)

105g Lint Removal and Duct Cleaning

15. Requirements

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 2/11/26, there was a thin layer covering the lint trap of the middle and right dryer in the main laundry room.

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

-The lint traps of all the dryers in the laundry room were cleaned immediately by the director of housekeeping on 2/11/2026.
- A laundry safety and fire prevention in-service will conducted for all staff on 3/19/2026, which included proper lint removal after each dryer use by PCHA.
- The housekeeping director will conduct weekly audit/inspection for 30 days of laundry equipment to verify lint traps are being cleaned after each use starting on 3/

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

Implemented ([redacted] - 07/23/2026)

121a Unobstructed Egress

16. Requirements

2600.

121a Unobstructed Egress *(continued)*

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

Description of Violation

The emergency exit door, in the lobby area outside of the Victorian Unit, leads to an enclosed courtyard. This exit door has a magnetic locking system that allows the door to disengage only in event of a fire. The only other means of disengaging the system in the event of an emergency is staff from the main lobby desk to disengage. There are no staff at the lobby desk after 8:00 pm.

The enclosed courtyard gate leading away from the building has a magnetic lock equipped with a keypad; however, no code was posted.

The main entry door into the Victorian Unit has a push button to disengage the magnetic locking system. The main entry door to exit the Victorian Unit has the same magnetic locking system equipped with a keypad and a posted code. However, not all residents, including resident #5 , are able to use and operate the locking mechanisms to enter and exit this section of the personal care home.

The emergency exit, near bedroom #216, has a magnetic locking system equipped with a keypad; however, no code was posted.

The emergency exit from the Victorian Unit into the enclosed courtyard has a magnetic locking system equipped with a keypad; however, no code was posted.

The main exit doors of the facility has a magnetic locking system that allows the door to disengage only in event of a fire, if disengaged by staff from the main lobby desk, or with use of the keypad. However, the front desk is not staffed past 8:00 p.m. and the code was not posted.

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

Codes were posted by all exits with keypad by PCHA on 2/11/2026.

Staff will be inserviced on the following policy "Staff are to utilize the fire pull station during any emergency that requires immediate evacuation. The pull station will enable the alarms and disable all magnetic locks" on 3/19/2026 by PCHA

All residents being admitted or who are admitted in the Victorian will be assessed and must be able to demonstrate using the the keypad to exit Victorian. This assessment will be completed by PCHA or designated person by 4/6/2026

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

121a Unobstructed Egress *(continued)*

Implemented ([redacted] - 07/23/2026)

132b Safety Inspection/Fire Drill

17. 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

On 2/12/26, the most recent fire safety inspection and fire drill conducted by a fire safety expert was completed 5/13/24.

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

- PCHA contacted the Rochester Fire department requesting a copy of the 2025 inspection on 2/12/2026. PCHA did not receive a response.
- PCHA contacted certified on Fire Safety Expert to conduct the required fire safety inspection and drill for 2026 on 2/13/2026.
- PCHA will schedule training for Maintenance director or appointed maintenance staff to become a trained fire experts on 3/9/2026. A maintenance member will be trained by 4/10/2026 from a fire safety expert.

Licensee's Proposed Overall Completion Date: *04/10/2026*

Implemented ([redacted] - 07/23/2026)

132c Fire Drill Records

18. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records did not indicate the exit route used for the following fire drills conducted by the home:
3/31/25
4/30/25
5/29/25
6/27/25
7/30/25
8/29/25
9/30/25
10/31/25
11/27/25
1/31/26

REPEAT VIOLATION: 2/11/25

132c Fire Drill Records *(continued)*

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

PCHA will now require that all fire drills be recorded using the official DHS fire drill record on 3/11/2026.
PCHA will review all fire drills monthly to ensure all element of a fire drill are recorded and compliant.
Maintenance staff and director will be inserviced by PCHA on 3/19/2026 on 2600.32

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented (- 07/23/2026)

132d - Evacuation

19. 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 2/12/26, the home did not have a safe evacuation time designated in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 second for the fire drill conducted on the following dates and times:

Fire Drill	*Evacuation Time*
6/27/25	*6:33.33*
8/29/25	*3:38.60*
9/30/25	*6:11.62*
10/31/25	*5:05.20*
11/27/25	*5:11.93*
1/31/26	*5:22.30*

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

PCHA contacted the Rochester Fire department requesting a copy of the 2025 evacuation minutes on 2/12/2026. PCHA did not receive a response.
PCHA will requested an additional evacuation inspection from Rochester Fire department on 3/9/2026.
PCHA will conduct a training for Maintenance director and administrative on 2600.132 by 4/6/2026

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

Implemented (- 07/23/2026)

141b1 - Annual Medical Evaluation

20. Requirements

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

Description of Violation

On 2/11/26, resident #6 most recent medical evaluation, completed on was blank in the section for the date of the in person evaluation.

141b1 - Annual Medical Evaluation *(continued)*

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

- The physician responsible for resident #6 was contacted on 2/13/2026 to complete the missing date of in-person evaluation on the medical evaluation form.
- The PCHA or appointed person will audit 13 resident charts weekly to ensure medical evaluations are completed for 30 days.
- An resident documentation and medical records in-service will be conducted on 3/9/2026 with in house nurse practitioner and Resident care leads.

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

Implemented ([redacted] - 07/23/2026)

183a - Original Containers and Injections

21. Requirements

2600.
183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #3 was prescribed Perphenazine 8 mg, give 0.5 tablet one time daily. This medication was pre-packed in a blister pack containing two 8mg tablets per individual cavity, totaling 16mg dosage per cavity with a label that indicated Perphenazine 8 mg, give 0.5 tablet one time daily, 8mg, give 1 tablet at bedtime, and 16mg, give 1 tablet two times a day. However, on 2/12/26, the individual cavity labeled "9" seal was broken and taped over and this cavity contained one-half of one 8mg tablet. Staff interviews indicated the direct care staff, who are training in medication administration, removed the only tablet from the already opened blister pack cavity labeled "9", cut the medication in half, and administered one-half tablet. Then, resealed the cavity labeled "9" to contain the remaining one-half tablet that was not administered.

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

- Resident care lead called the pharmacy on 2/12/2026 and requested that individual blister packs be sent for the each med pass. Blister packs were received on 2/13/2026.
- A medication administration and pharmacy packaging in-service will be conducted on 3/19/ 2026 for all medication trained staff by PCHA
- Resident care leads or appointed staff will conduct weekly medication cart audits to ensure medications remain in original packaging for 30 days.

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

Implemented ([redacted] - 07/23/2026)

183b - Meds and Syringes Locked

22. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked *(continued)*

Description of Violation

On 2/11/26, the following resident prescribed medications were unlocked, unattended, and accessible in the medication/treatment medication cart in the dining area in the Renaissance Unit:
Resident #8– Muscle Rub
Resident #9– Terbinafine
Resident #1- Terbinafine

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

- The medication cart was immediately locked, and medications were secured by med tech on 2/11/2026
- A medication security in-service was conducted on 3/19/2026 by PCHA for all staff.
- A daily walk through will be completed by PCHA or designated person 2-3 times a day to ensure the medication carts for 30 days.

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

Implemented ([redacted] - 07/23/2026)

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:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 2/12/26, resident #10 was prescribed Metoprolol Tartrate 50mg, 0.5 tablet by mouth two times a day hold if HR <60; however, the label indicated Metoprolol Tartrate 25mg, 1 tablet twice daily hold <60.

On 2/12/26, resident #6 was prescribed Gabapentin 300mg, 2 capsules by mouth two times a day; however, the label indicated 600mg, 1 tablet by mouth twice daily.

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

- The pharmacy was contacted on 2/12/2026 by resident care leads to correct medication labeling discrepancies for Resident #10 and Resident #6
- A medication label verification training was conducted on 3/19/2026 by PCHA for medication techs.
- Medication label audits will be conducted weekly during medication cart audits for 30 days by Resident care leads or designated person.

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

Implemented ([redacted] - 07/23/2026)

185a Implement Storage Procedures

24. Requirements

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

Description of Violation

On 2/12/26, the following blood sugar readings were documented on resident #6's February 2026 Medication Administration Record (MAR); however, no blood sugar reading was present on resident martin's glucometer for this date/time:

Date & Time	*Reading*
2/6/26 17:00	*166*
2/9/26 17:00	*300*
2/10/26 17:00	*250*

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

- Resident care leads found on 2/12/2026 that the glucometers only display the daily, weekly and monthly range of the resident reading.
- Central supply director was notified on 3/6/2026 that personal care glucometers need to have a record of blood glucose readings. New glucometers will be ordered by central supply director or designated person for all resident who need regular glucose reading by 4/6/2026
- A Medication Documentation and Diabetic Monitoring in-service was conducted for all medication trained staff and central supply director on 3/19/2026

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

Implemented ([redacted] - 07/23/2026)

187d Follow Prescriber's Orders

25. Requirements

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

Description of Violation

Resident #3 was prescribed Perphenazine 8 mg, give 0.5 tablet one time daily. This medication was pre-packed in a blister pack containing two 8mg tablets per individual cavity, totaling 16mg dosage per cavity with a label that indicated Perphenazine 8 mg, give 0.5 tablet one time daily, 8mg, give 1 tablet at bedtime, and 16mg, give 1 tablet two times a day. On 2/12/26, staff person C, removed the only tablet from the already opened blister pack cavity labeled "9", cut the unscored medication in half, and administered approximately one-half of the tablet to resident #3. REPEAT VIOLATION: 2/11/25

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

- Resident Care Lead were directed to call pharmacy immediately and get the medication dispensed in separate blister packs on 2/13/2026. Medication was received on 2/14/2026.

187d - Follow Prescriber's Orders (continued)

- Medication Techs will receive reeducation of 2600.187.D and procedure of how to ensure correct form and amount of medication is given by PCHA on 3/19/2026

- Medication Audit will be conducted by PCHA, Lead MT, or Designated person once a week for 30 days.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (- 07/23/2026)

224a - Preadmission Screen Form

26. Requirements

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

Description of Violation

On 2/11/26, the preadmission screening for resident #3, dated did not indicate if the residents needs can be met by the home.

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

- PCHA will audit all current resident prescreens forms ensuring that they are filled out in their entirety. in addition, resident with any missing information on a prescreen will be reevaluated. This will be completed by on 3/11/2026.

- PCHA will inservice admission director on how to properly complete an prescreen form on 3/19/2026

- Starting 3/9/2026, PCHA will review and sign off on prescreens for potential residents ensuring that the forms have been completed correctly within 24hrs of the prescreen being completed by designated person for 90 days.

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

Implemented (- 07/23/2026)

251c - Standardized Forms

27. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Correction fluid was used on the on the date of in-person evaluation section of resident #11's annual medical evaluation originally dated , and the new date of written on top over the correction fluid.

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

- PCHA will audit all standardized forms ensuring correction fluid/tape is not used on 3/9/2026.

- All forms used with correction tape or fluid will be rewritten or typed out by PCHA or designated person by 3/31/2026

- PCHA will inservice resident care leads on how to properly correct mistakes on the standardized form on 3/19/2026

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (- 07/23/2026)