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

August 3, 2026

[redacted]
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC
[redacted]

RE: SPRING MILL SENIOR LIVING
3000 BALFOUR CIRCLE
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14632

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2026, 02/19/2026 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: *SPRING MILL SENIOR LIVING* **License #**: *14632* **License Expiration**: *05/05/2026*

Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *113* **Waking Staff**: *85*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *02/19/2026*

Inspection Dates and Department Representative

02/18/2026 - On-Site: [redacted]

02/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *79*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *22* **Residents Served**: *18*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *79*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *34*

Have Physical Disability: *0*

Inspections / Reviews

02/18/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/10/2026*

04/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/26/2026*

Inspections / Reviews *(continued)*

04/28/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/18/2026*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2026*

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

42b - Abuse

1. 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 breakfast and lunch time, dining staff A and direct care staff B observed resident [redacted] rough handled by the resident's private duty aid (PDA). According to staff A, the PDA offered the resident a thickened drink with regular water added to it when the resident is on nectar thick liquid. The PDA also kept rushing the resident to eat until the resident sounded like choking. Staff B observed the PDA wiping the resident's face too hard at breakfast. At lunch, staff A and B observed the resident crying but the resident could not explain why. Resident [redacted] has a sacral wound; the manner in which the PDA positioned the resident in the wheelchair (legs straight out in the air) caused discomfort. Both staff A and B agreed that the PDA was being very aggressive with face wiping and with the way [redacted] was pulling the resident's legs, grabbing the pants legs to put the legs on the leg rest of the wheelchair, and pulling the resident's pants up forming a wedgie. The assessment/support plan (RASP) dated [redacted] for resident [redacted] indicates that direct care staff are responsible for eating, drinking, transferring in/out of bed/chair, toileting, bladder and bowel management, ambulating, and personal hygiene; however, the PDA, whose skills for ADL assistance were not verified, was allowed to provide the care when the home was responsible for the welfare of the resident.

Resident [redacted] who is bedbound and nonverbal due to cognitive and functional limitations, is completely dependent on others for care. According to the resident's RASP dated [redacted], the resident needs to be checked regularly for incontinence and both the home's staff and the resident's PDA are to assist with all bowel and urinary incontinence-related episodes. Instead of checking the resident regularly, however, the home's staff were double briefing the resident during the night shift when the PDA was not present, which led to the red, raw rashes/sores in the vaginal area. In order to treat the rashes, the resident was prescribed Nystatin Power three times a day; however, the powder was not applied because it was not available at the home between [redacted] and [redacted]

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] 04/28/2026)***

• 2/4/2026: Resident [redacted]s PDA was removed from the community with a do-not-return status.
• 1/16/2026: To reinforce appropriate continence care and the understanding of neglectful impact of double briefing the Administrator had the Assistant Director of Health & Wellness and Interim DHW in-service care staff on Assisting with Care/ADLs; Infection Control, Handwashing and Gloving; ADL Incontinence Care - Single (one) brief only.
• Starting 3/1/2026: Abuse, Neglect & Resident Rights re-education conducted in all departments.
• Starting 3/18/2026: Incident Reporting & Cultural Awareness In-Service Training to reinforce ongoing reporting of potential abuse/neglect occurrences in the community.
• 4/9/2026: Ombudsman in-service staff on Resident Rights.
• 3/26/26 - 4/24/2026: All staff required to complete annual Relias Abuse: Preventing, Recognizing and Reporting + Abuse, Neglect, and Exploitation.
• 4/14/2026: Executive Director or designee will discuss resident rights & abuse with 2 staff members and 2 residents during Facility Audits 3x a week x 4 weeks, 1x a week x 4 weeks, then during Manager on Duty Weekend Audits for 3 months to ensure ongoing compliance with regulation 42b. Results will then be reviewed during corresponding QA meetings.

42b Abuse (continued)

• 4/22/2026: Executive Director, designee will present Recognizing & Reporting Abuse/Neglect with scenarios during monthly Town Hall in April. Scenarios will include double briefing. Double briefing will be included as a topic in town halls x 3 months.

• Starting 4/26/26: Director of Health & Wellness or designee will conduct observations of care on 2 residents 2x week x4 weeks, 1x week x 4 weeks, every other week x 4 weeks to ensure ongoing compliance with regulation 42b. Observation of care audits will then be reviewed during corresponding QA meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented (- 08/03/2026)

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

On at 09:43 AM, Lysol Disinfectant Spray and Clorox & Bleach Germicidal wipes, with a manufacturer's label indicating "if swallowed, call a poison control center or a doctor immediately", were unlocked, unattended, and accessible to residents in the common bathroom near resident room . Resident room was observed with unlocked and unattended Scalpicin, nail color remover, and deodorant with a manufacturer's label indicating" in case of accidental ingestion, consult a doctor immediately or call a poison control center". Not all the residents of the home, including resident have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept - 04/21/2026)***

• 2/18/2026: Lysol Disinfectant Spray and Clorox & Bleach Germicidal wipes removed from common area bathroom, near #163, in the presence of the Department Representative. Scalpicin, nail color remover, and deodorant were removed from #158 in the presence of the Department Representative. Executive Director completed an audit of the Memory Care Neighborhood to confirm there were no poisonous materials that were unlocked, unattended or accessible to any residents in memory care. Common area bathroom door lock was replaced with keypad and auto lock.

• 2/25/26 3/24/2026: Facility Director and Interim Memory Care Director conducted three audits to confirm there were no poisonous materials unlocked, unattended or accessible to any residents in memory care.

• 3/13/2026: Facility Director replaced under cabinet door locks with combination locks to ensure both physical and visual safety checks are completed.

• 3/17/2026: To prevent future incidents effective March 17, 2026, Memory Care Audit Checklists will be completed a minimum of 3 times a week for 4 weeks. Then 1 time a week for 4 weeks.

• 4/12/26: New Staff Orientation agenda will include "Spring Mill Safety Training In Service".

• 4/22/26: Town Hall agenda will include "Spring Mill Safety Training In Service" and will repeat x 3 months.

82c - Locking Poisonous Materials *(continued)*

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] - 08/03/2026)

95 - Furniture and Equipment

3. Requirements

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

Description of Violation

The panel on bathroom cabinets in resident room [redacted] and [redacted] were not secured tightly.

Repeat Violation: [redacted] et al.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

• 2/18/26: Facility Director secured all decorative drawers in memory care bathrooms. Executive Director audited completion.
• 2/20 – 3/24/2026: Facility Director and Memory Care Director conducted three audits to confirm all furniture and equipment remained in good repair.
• 3/17/2026: Facility Director and Interim Memory Care Director conducted an audit to confirm all furniture and equipment remained in good repair and trained on prioritizing Furniture and Equipment repair in TELS, the work order system for the community.
• 3/17/2026: To prevent future incidents effective March 17, 2026, Memory Care Audit Checklists will be completed a minimum of 3 times a week for 4 weeks. Then 1 time a week for 4 weeks.
• 4/12/2026: New Staff Orientation agenda will include "Spring Mill Safety Training In-Service".
• 4/22/2026: Town Hall agenda will include "Spring Mill Safety Training In-Service" and will repeat x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented ([redacted] - 08/03/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in resident room [redacted] and [redacted] do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

• 2/18/2026: Executive Director repositioned lights during the facility tour with the Department Representative. Executive Director completed an audit of the Memory Care Neighborhood to confirm there all residents had access to a source of light that can be turned off/on at bedside.
• 2/20/2026 – 2/24/2026: Facility Director and Memory Care Director conducted three Memory Care Unit audits to confirm all residents had access to a source of light that can be turned off/on at bedside.
• 3/17/2026: Facility Director and Memory Care Director conducted an audit to confirm all residents had access to

101j7 - Lighting/Operable Lamp (continued)

a source of light that can be turned off/on at bedside.

• 3/17/2026: To prevent future incidents effective March 17, 2026, Memory Care Audit Checklists will be completed a minimum of 3 times a week for 4 weeks. Then 1 time a week for 4 weeks.

• 4/12/2026: New Staff Orientation agenda will include "Spring Mill Safety Training In-Service".

• 4/22/2026: Town Hall agenda will include "Spring Mill Safety Training In-Service" x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented (- 08/03/2026)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

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

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

Description of Violation

Resident s medical evaluation dated did not include if the resident's needs can be met safely at the personal care home.

Resident medical evaluation dated did not include if the resident's needs can be met safely at the personal care home. It does not include the resident's motorized wheelchair on (10) Body Positioning/Movement.

Plan of Correction ***Accept (- 04/28/2026)***

• 2/18/2026: Resident PCP provided a medical evaluation indicating resident required: Assistive devices and/or wheelchair, walker in apartment, power wheelchair); One person assist; Assist with turning; Assist with transfers. That medical evaluation also includes that the resident's needs can be met at the home.

• 2/24/2026: Resident PCP provided a medical evaluation indicating residents' needs can be met in the home.

• Starting 4/1/2026: Executive Director or designee will audit all admission paperwork, prior to the residents' move in to ensure the medical evaluation indicates needs can be met in personal care home. Audits will be reviewed monthly during QA meetings to ensure ongoing compliance.

• 4/8/26: Executive Director engaged Upper Perk Partners consulting services to conduct an audit of current residents' DME to determine if all DMEs are in compliance and the residents' needs can be met in personal care home.

• Starting 4/16/2026: UPP consultant to conduct audit of all residents' charts to document compliance with this regulation. Audit will be reviewed upon completion. Anticipated completion is 5/15/2026.

• Starting 4/23/2026, Executive Director or designee will audit medical evaluations for new admissions prior to the

141a 1-10 Medical Evaluation Information (continued)

resident physically moving in for 2 months to ensure ongoing compliance with regulation 141a 1-10. Audits will then be reviewed during corresponding QA meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/03/2026)

183b - Meds and Syringes Locked

6. Requirements

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

Description of Violation

On [redacted] at 10:00 AM, Remedy Essentials barrier ointment and Remedy Clinical Moisturizer skin cream were unlocked, unattended, and accessible in resident [redacted]s room.

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 04/28/2026)***

2/18/26 During the Exit of this Licensing Survey the AVP of Clinical Services for Discovery Senior Living presented the inspectors with the information that both OTC non-medicated creams did not require to be locked, attended or otherwise made inaccessible. Resident [redacted] is a personal care resident whose DME indicates that this resident can safely use or avoid poisonous materials.
2/18/2026 Community removed the Remedy Essentials barrier ointment and Remedy Clinical Moisturizer skin cream for Resident [redacted] room and contacted the primary care physician for an order of Medline Remedy barrier cream and Remedy Clinical Moisturizer skin cream.
2/19/26: Medline Remedy barrier cream was delivered to the community by pharmacy.
Starting 3/29/26: Medication Administration staff received training on this regulation.
4/22/2026: Monthly Town Hall agenda included Spring Mill Safety Training and a review of the violations from this licensing inspection survey. This agenda will be repeated x 2 months.
Starting 4/23/26: Weekend Manager on Duty will utilize facility's POC audit tool which includes room checks of 10% of personal care apartments every weekend to ensure ongoing compliance with regulation 183b. This will continue until all resident units have been audited once, which will take 10 weekends. The results will be reviewed by the Executive Director, Director of Health and Wellness or designee on Mondays. Audits will then be reviewed during corresponding QA meetings.
4/23/26: Facility's POC audit tool was updated to observe that prescription medications, OTC medications, CAM

183b Meds and Syringes Locked (continued)

and syringes are not present in a resident's apartment unless the resident has been deemed appropriate to self administer these medications on the medical evaluation and through a nursing assessment. In that case, staff will ensure these items are in a locked area in the resident's room. If any of these items are found in a resident's room for a resident who has not been deemed appropriate to self administer these medications, the Director of Health & Wellness, Healthcare Coordinator or designee will be notified immediately so the items can be removed from the resident's room and the resident's primary care physician and responsible party can be notified.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/03/2026)

183d - Prescription Current

7. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] prescribed for resident [redacted] which was discontinued on [redacted], was still in the home's medication cart.
[redacted] prescribed for resident [redacted] was in the home's medication cart; however, the medication is not listed on the resident's current prescription order.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

• 2/19/2026: Resident [redacted] nystatin powder was removed from the cart on this day.
• 2/19/2026: Community contacted Hospice provider for resident [redacted] and requested a physician order for Acetaminophen 325 mg
• 2/20/2026: PRN order for Acetaminophen 325 mg was received
• 4/6/2026 4/24/2026: All med techs and nurses will be trained on this regulation, how to audit a med cart utilizing a physician order sheet (POS) to ensure all active ordered medications are available on the cart, to remove all discontinued medications, medication re ordering, how to remove medications & treatments upon discontinuation, documentation on the MAR and to ensure blister cards do not have any punctures in the back. Discontinued, expired and/or damaged medication will be removed from the cart.
• 4/27/2026: Six medication administration staff members will audit one POS five days a week until 100% of resident POS have been audited x 3 months. Audits will be turned in daily to Health Care Coordinator, medications not available will be ordered, reordered, PCP will be communicated with for order revisions and any other remediation will occur on the same day. Results will be added to HCC report that is scanned to the Executive Director daily x 3

183d Prescription Current (continued)

months.

• Effective 4/1/2026: POS audits will be reviewed during monthly Quality Assurance Meetings monthly x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented (- 08/03/2026)

183e - Storing Medications

8. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On resident card slot #9 and blister card slot #5, 13, 19, and 20 were observed punctured on the back. A blister card of prescribed for resident which expired on was still in the home's medication cart.

Plan of Correction ***Accept (- 04/21/2026)***

• 2/19/2026: Nurse removed the medication resident Vitamin D3 blister card slot #9 and Sodium Bicarb 650 mg blister card slot #5, 13, 19, and 20.

• 2/19/2026: Nurse removed Senna 8.6 prescribed for resident which expired on 02/13/2026.

• 3/11/26: PCNJ Consultants, LLC, Certified Consultant Pharmacists inspections. Community moved the frequency of this quarterly audit to occur 1 x a month for 6 months.

• 4/6/2026 4/24/2026: All med techs and nurses will be trained on this regulation and how to audit a med cart utilizing a physician order sheet (POS) to ensure all active ordered medications are available on the cart, to remove all discontinued medications and medication re ordering, documentation on the MAR and blister cards do not have any punctures in the back. Discontinued, expired and/or damaged medication will be removed from the cart.

• 4/27/2026: Six medication administration staff members will audit one POS five days a week until 100% of resident POCs have been audited x 3 months. Audits will be turned in daily to Health Care Coordinator, medications not available will be ordered, reordered, PCP will be communicated with for order revisions and any other remediation will occur on the same day. Results will be added to HCC report that is scanned to the Executive Director daily x 3 months.

• Effective 4/1/2026: POS audits will be reviewed during monthly Quality Assurance Meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented - 08/03/2026)

185a - Implement Storage Procedures

9. 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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident [redacted] is prescribed [redacted] as needed. Resident [redacted] is prescribed [redacted] solution as needed. Resident [redacted] is prescribed [redacted] suppository as needed. On [redacted] these medications were not available in the home.

Plan of Correction ***Accept ([redacted] - 04/21/2026)***

- *2/19/2026: Resident [redacted] prescribed Desitin Diaper Rash 40% was discontinued.*
- *2/19/2026: Resident [redacted] was discharged on 2/28/2026.*
- *4/5/2026: ED confirmed Resident [redacted] does not have an active prescribed Bisacodyl 10 mg suppository order*
- *4/6/2026 – 4/24/2026: All med techs and nurses will be trained on this regulation and how to audit a med cart utilizing a physician order sheet (POS) to ensure all active ordered medications are available on the cart, to remove all discontinued medications and medication re-ordering, documentation on the MAR, blister cards do not have any punctures in the back. Discontinued, expired and/or damaged medication will be removed from the cart.*
- *4/27/2026: Six medication administration staff members will audit one POS five days a week until 100% of resident POS have been audited x 3 months. Audits will be turned in daily to Health Care Coordinator, medications not available will be ordered, reordered, PCP will be communicated with for order revisions and any other remediation will occur on the same day. Results will be added to HCC report that is scanned to the Executive Director daily x 3 months.*
- *Effective 4/1/2026: POS audits will be reviewed during monthly Quality Assurance Meetings x 3 months.*

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] - 08/03/2026)

187a - Medication Record

10. 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

Resident [redacted] is prescribed [redacted] at bedtime (hold for SBP less than [redacted]; however, the resident's blood pressure was not recorded on [redacted] and [redacted].

187a - Medication Record *(continued)*

Plan of Correction ***Accept (- 04/21/2026)***

• 3/31/2026: Regional Clinical Specialist (RCS) reviewed parameter-based medication orders with their PCP to determine the need for adjustments or discontinuation.
• 4/7/2026: RCS audited resident's MARs who have parameters will be reviewed to ensure required vitals are documented prior to administration and parameters were followed correctly.
• 4/8/2026 – 4/24/26: All medication-trained staff re-educated by RCS or designee on reading and following physician orders, parameter-based medication administration, documentation requirements, risks of administering medication without vitals (hypotension, falls, hospitalization). Any discrepancies will be reported to physician and responsible parties, addressed per clinical protocol, reported per regulation, documented and tracked.
• 4/9/2026: Parameter medication administration audits will be completed by HCC or designee, Weekly x 4 weeks; Monthly x 3 month.
• Effective 4/1/2026: POS audits will be reviewed during monthly QA meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented - 08/03/2026)

187b - Date/Time of Medication Admin.

11. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed at 01:00 PM, at 12:00 PM, and at 12:00 PM; however, the resident's February medication administration record (MAR) does not include the initials of the staff person who administered these medications on .
Resident is prescribed and twice a day. Resident s February 2026 MAR does not include the initials of the staff person who administered these medications on at 09:00 PM.

Repeat Violation.

Plan of Correction ***Accept (- 04/21/2026)***

• 4/5/2026: Agency nurse identified as the staff person who failed to initial the MAR for resident This individual will not be permitted to fill any additional openings.
• 4/5/2026: Employee identified as the staff person who failed to initial the MAR for resident is no longer an employee of the community.
• 4/6/2026 – 4/24/2026: All med techs and nurses will be trained on this regulation and how to audit a med cart utilizing a physician order sheet (POS) to ensure all active ordered medications are available on the cart, to remove all discontinued medications and medication re-ordering, documentation on the MAR, blister cards do not have any punctures in the back. Discontinued, expired and/or damaged medication will be removed from the cart.
• 4/27/2026: Six medication administration staff members will audit one POS five days a week until 100% of resident POS have been audited x 3 months. Audits will be turned in daily to Health Care Coordinator, medications not available will be ordered, reordered, PCP will be communicated with for order revisions and any other remediation will occur on the same day. Results will be added to HCC report that is scanned to the Executive Director daily x 3

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

months.

• Effective 4/1/2026: POS audits will be reviewed during monthly Quality Assurance Meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] - 08/03/2026)

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

Resident [redacted] is prescribed blood pressure check twice a day at 08:00 AM and 08:00 PM. The resident's blood pressure was not checked on [redacted] at 08:00 PM.
Resident [redacted] is prescribed [redacted] at 08:00 AM, [redacted] at 08:00 AM, and [redacted] at 08:00 AM; however, the resident was not administered these medications on [redacted].

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 04/21/2026)***

• Resident [redacted]s twice a day prescribed blood pressure checks were discontinued on 2/27/2026.
• Resident [redacted] was discharged on 2/28/2026.
• 3/7/2026: DHW reeducated medication-trained staff members on Blood Pressure (BP) Recording & Parameters
• 3/31/2026: Regional Clinical Specialist (RCS) reviewed parameter-based medication orders with their PCP to determine the need for adjustments or discontinuation.
• 4/7/2026: RCS audited resident's MARs who have parameters will be reviewed to ensure required vitals are documented prior to administration and parameters were followed correctly monthly x 3 months.
• 4/8/2026 – 4/24/26: All medication-trained staff re-educated by RCS or designee on reading and following physician orders, parameter-based medication administration, documentation requirements, risks of administering medication without vitals (hypotension, falls, hospitalization). Any discrepancies will be reported to physician and responsible parties, addressed per clinical protocol, reported per regulation, documented and tracked.
• Effective 4/1/2026: POS audits will be reviewed during monthly QA meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] - 08/03/2026)

13. Requirements

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

Description of Violation

Resident [redacted] was prescribed [redacted] three times a day. The resident ran out this medication on [redacted] and it was not available unti[redacted]. The resident is prescribed [redacted] ointment twice a day but on [redacted], this medication was not available in the home.

Resident [redacted] is prescribed [redacted] once daily in the morning. However, this medication was not

187d - Follow Prescriber's Orders (continued)

administered to the resident on [redacted] because the medication was not available in the home.

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

• Resident [redacted]'s Pantoprazole 40mg was immediately ordered from pharmacy. It was received at the community on the evening on 2/19/26.

• Starting 4/8/2026: All medication-trained staff re-educated by RCS or designee on reading and following physician orders, parameter-based medication administration, documentation requirements, risks of administering medication without vitals (hypotension, falls, hospitalization). Any discrepancies will be reported to physician and responsible parties, addressed per clinical protocol, reported per regulation, documented and tracked. Anticipated completion date 5/15/2026.

• Starting 4/20/2026: Six medication administration staff members will audit one POS five days a week until 100% of resident POS have been audited. Audits will be turned in daily to Healthcare Coordinator, medications not available will be ordered. If involvement is needed from the primary care physician, will be communicated with for order revisions and any other remediation will occur on the same day. Results have be added to Healthcare Coordinator report that is scanned to the Executive Director daily.

• April 15, 2026: During a POC Documentation audit conducted by a Regional Nurse, absence of an Incident Report reporting this error was noted. Executive Director completed Incident Report and submitted the report to the Department.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/03/2026)

225a - Assessment 15 Days

14. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

Plan of Correction ***Accept [redacted] - 04/21/2026)***

• 4/8/26: Executive Director engaged consulting services to audit all current residents' charts for compliance with the 15-day assessment on 4/16-4/24/2026. The Executive Director will review results and report during monthly Quality Assurance Meeting.

• Effective 4/10/2026: 15-Day New Admission Tracker was added to the Managers Morning Meeting Agenda to

225a Assessment 15 Days (continued)

ensure the interdisciplinary team maintains awareness of the timeframe.

• 4/10/2026: Executive Director or designee will audit new admissions prior to the 15 day assessment due date to ensure compliance monthly x 3 months.

• April 2026: POS audits will be reviewed during monthly QA meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] 08/03/2026)

251b - Record Entries Legible

15. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [redacted] is prescribed [redacted] every four hours. The controlled medication log for this medication starting with [redacted] 11:14 AM administration and ending with [redacted] 04:04 PM administration was found written over (the 9th entry and the 23rd entry in the middle column) without proper notation.

Plan of Correction ***Accept ([redacted] - 04/21/2026)***

1. 4/5/26: Community confirms that the employees responsible for writing over the entries (the 9th entry and the 23rd entry in the middle column) are no longer employees.

2. 3/17/26 3/31/26 Medication staff re education by administration addressing proper narcotic log documentation standards. Staff were instructed that errors must be corrected with a single line through the error, the original entry must remain legible, and corrections must be dated and initial, scribbling out, use of correction fluid, or obliteration of entries is prohibited.

• 3/31/2026: HCC conducted an audit of narcotic logs to ensure all entries were legible and no corrections had occurred.

• To prevent future incidents DHW/HCC or designee will audit narcotic logs weekly x 4 weeks, monthly x 3 months to ensure sustained compliance.

3. Effective 4/1/2026: POS audits will be reviewed during monthly QA meetings x 3 months.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented [redacted] - 08/03/2026)

251c - Standardized Forms

16. Requirements

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

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted], was not completed on the Department's current standardized form for Personal Care Home; it was completed on the Department's Assisted Living Residence form.

Plan of Correction ***Accept[redacted] - 04/28/2026)***

• 2/24/2026: Resident [redacted] PCP provided a medical evaluation on the Department's current standardized form for Personal Care Home

• 4/8/26: Executive Director engaged Upper Perks Partners to audit all current residents' charts to ensure all

251c - Standardized Forms (continued)

residents medical evaluations have been completed on the Department's current standardized forms for Personal Care Home.

• Starting 4/16/2026: Upper Perks Partners will audit all resident charts for compliance. Anticipated completion date is 5/15/2025.

• 4/1/2026: Executive Director or designee will audit all admission paperwork, prior to the resident's move-in to ensure all medical evaluations have been completed on the Department's current standardized from for Personal Care Homes.

Starting 4/23/2026: Executive Director or designee will audit medical evaluations for new admissions prior to the resident physically moving in for 3 months to ensure ongoing compliance with regulation 251c. Audits will then be reviewed during corresponding QA meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 08/03/2026)