



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to FAIR OAKS OPCO LLC

LEGAL ENTITY

To operate FAIR OAKS SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100

100

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 15, 2026 until November 15, 2026, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452862**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 15, 2026

[REDACTED]
Fair Oaks OPCO LLC
[REDACTED]

RE: Fair Oaks Senior Living
License/COC #: 452862

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on December 5, 2025, and February 25, 2026, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby **REVOKES** your certificate of compliance (license number 452861) dated December 12, 2025 – June 12, 2026, and issues you a **SECOND PROVISIONAL** license to operate the above facility. A **SECOND PROVISIONAL** license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your **SECOND PROVISIONAL** license is enclosed and is valid from **MAY 15, 2026 to NOVEMBER 15, 2026**.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 09/05/2026
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: FAIR OAKS OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 149 Waking Staff: 112

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 12/12/2025

Inspection Dates and Department Representative

12/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 91

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 58 Have Physical Disability: 3

Inspections / Reviews

12/05/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2025

12/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/06/2026

01/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 01/26/2026

04/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2026

Reviewer: [REDACTED]

Follow Up Type: Exception

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

Resident [REDACTED]'s assessment and support plan, dated [REDACTED], indicates the resident requires compete physical assistance to transfer, toileting, personal hygiene, requires the use of adult briefs, and is totally immobile.

On Thursday [REDACTED], during the 11:00 p.m. to 7:00 a.m. shift direct care staff person B was providing continence care to resident [REDACTED]. Resident [REDACTED] reported that direct care staff person B had placed a new adult brief under the resident then spread [REDACTED] labia, placed [REDACTED] thumb on the resident's clitoris and started rubbing the area. The resident stated [REDACTED] was shocked and did not respond to the staff person's actions. [REDACTED] stated that [REDACTED] pretended to sleep.

Plan of Correction

Accept [REDACTED] - 01/13/2026

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/27/2025 with staff person B immediately being removed from the property and immediately suspended. On 11/28/2025 staff person B was terminated officially.

Anova hospice and the local ombudsman will do abuse training along with Fair Oaks Clinical Director on 1/23/2026 for all staff. Documentation will be kept

Beginning on 1/2/2026 The administrator/designee shall interview at least 4 residents per week for 1 month then monthly thereafter to ensure residents are free from abuse/neglect. The interviews shall be conducted in private. Documentation will be kept.

Moving forward any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Next quality management meeting will be 3/1/2026.

Licensee's Proposed Overall Completion Date: 01/23/2026

Not Implemented [REDACTED] - 04/17/2026

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person B provided unsupervised direct care to residents on multiple dates to include:

[REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/30/2025

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/8/2025 by a complete audit on all employee files. This audit was to ensure all direct care staff had proper education and all BHSL required documents. This audit was completed by admin and designee on 12/9/2025. Documentation will be kept.

Fair Oaks is currently doing audits on all new employees hired due to a previous POC. These audits will continue moving forward.

54a - Direct Care Staff (continued)

Staff person B was terminated on 11/28/2025.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Next quality management meeting will be 3/1/2026.

Licensee's Proposed Overall Completion Date: 01/23/2026

Not Implemented [REDACTED] - 04/17/2026)

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

Facility Information

Name: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 06/12/2026
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: FAIR OAKS OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/19/2022 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 149 Waking Staff: 112

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 02/25/2026

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 90

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 59 Have Physical Disability: 4

Inspections / Reviews

02/25/2026 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/26/2026

03/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/03/2026

04/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 04/16/2026

04/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: Exception

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at 12:18 p.m., there was a white spray bottle of liquid with no manufacturer label that had "Floor" written in permanent marker on the unattended, unlocked housekeeping cart near room [redacted]

Plan of Correction

Accept [redacted] - 04/09/2026)

The unmarked spray bottle was removed from the housekeeping cart immediately upon discovery by housekeeper. The contents were safely disposed of, and the staff person responsible was retrained on proper chemical storage procedures 2/24/2026.

On April 10, 2026, all housekeeping and maintenance staff received refresher training by admin/designee on chemical safety, including requirement that all poisonous or cleaning materials must remain in original manufacturer-labeled containers. Prohibition on transferring chemicals into secondary/unlabeled containers. Requirement to secure housekeeping carts at all times when unattended.

The facility (admin) will updated its housekeeping procedures by 3/26/82026 to include: A daily pre-shift check to ensure all carts contain only properly labeled products. Immediate removal and disposal of any improperly labeled containers.

Mandatory locking or supervision of carts when in hallways.

Starting 3/26/2026, the admin/designee will conduct random weekly audits for 60 days to ensure compliance with chemical storage requirements. Any noncompliance will be addressed immediately with corrective coaching.

All corrective actions will be fully implemented by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [redacted] - 04/17/2026)

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 [redacted] at 12:18 p.m., an approximately 1/3 full 32 oz spray bottle of Comet Cleaner with Bleach with manufacturer's warning: If swallowed drink a glass of water and call physician immediately, was hanging on the trash can section of an unlocked, unattended housekeeping cart near room [redacted]. Not all residents have been assessed as able to safely use and avoid poisonous materials including resident [redacted]

Repeat violation [redacted] et al.

Plan of Correction

Accept [redacted] - 04/09/2026)

The Comet Cleaner with Bleach spray bottle was immediately removed from the housekeeping cart by the housekeeper and secured in the designated locked chemical storage area. The staff member assigned to the cart was immediately counseled regarding safe storage and supervision requirements by admin on 2/24/2026. On April 10, 2026, all housekeeping and maintenance staff received retraining by

82c Locking Poisonous Materials (continued)

admin/designee on: Requirement 2600.82.c that all poisonous materials must remain locked and inaccessible unless every resident has been assessed as safe to be around such materials. Proper procedures for securing cleaning products on carts, including ensuring carts remain locked or attended at all times. How to identify and handle materials that require restricted access based on manufacturer warnings. Documentation will be kept.

The facility(admin) will updated its housekeeping policies by 3/826/2026 to include: Mandatory locking mechanisms on all housekeeping carts; carts may not be left unattended unless locked. A pre shift checklist requiring verification that:

All poisonous materials are secured. No chemicals are hanging externally on the carts. Immediate reporting protocol if any unsecured or unattended poisonous materials are observed.

Starting 3/26/2026, the Housekeeping Supervisor will conduct random weekly audits for 60 days, documenting compliance with chemical locking procedures.

Violations will result in immediate corrective action, retraining, or disciplinary measures depending on severity. After 60 days, monthly spot checks will be incorporated into the facility's ongoing quality assurance program.

All corrective actions will be fully implemented by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [redacted] - 04/17/2026)

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

On [redacted] at 11:15 a.m., there was no hot water handle on the sink in the lower level men's room near the Lemon Lounge.

On [redacted] at 11:27 a.m., there was no hot water at the sink in the first floor (main level) common women's room after running the water for several minutes. On [redacted] at 11:30 a.m., there was no hot water at the sink in the first floor (main level) unisex restroom with urinal after running the water for several minutes. The tankless water heating system that feeds both sinks was not operating properly.

Repeat violation [redacted] et al., [redacted] et al.

Plan of Correction

Accept [redacted] - 04/09/2026)

A temporary "Out of Order Do Not Use" sign was placed on the lower level men's room sink until repairs could be made. Maintenance staff investigated the hot water issue and verified the tankless water heater malfunction. Hot water to the affected restrooms was restored on 3/4/2026 after a replacement tank was installed and Turik's Electric, LLC were called due to issue with the instantaneous water heater voltage. Turik's Electric troubleshoot and found one leg shorted out to the box. Traced out the breaker. Found one side of a 2 pole breaker tripped. Rewired the connection. Reset the breaker and verified voltage. Documentation with receipt will be kept.

The missing hot water handle in the lower level men's restroom has been replaced with a new

95 Furniture and Equipment (continued)

manufacturer compatible handle as of 2/24/2026.

The maintenance director inspected the tankless water heater on 3/4/2026 and completed the following: Full diagnostic and calibration. Complete replacement of the tankless unit. Verification of consistent hot water delivery to all connected fixtures. All impacted sinks were tested following repairs and confirmed to have appropriate hot water flow within required temperature ranges.

To prevent recurrence, the facility has implemented the following: Weekly Restroom Equipment Check: Maintenance will complete a checklist verifying:

All handles, fixtures, and plumbing components are intact and functional. All public and resident bathrooms are at the correct temperature required by BHSL.

All employees will be reminded on 4/10/2026 to immediately report any equipment or plumbing issues through the established maintenance ticket system.

The Maintenance Supervisor will conduct biweekly audits for 60 days starting 3/26/2026 to ensure plumbing fixtures and equipment remain in good repair. Following the 60 day monitoring period, compliance checks will become part of the facility's ongoing quarterly safety inspection process.

The Maintenance Supervisor is responsible for implementing, monitoring, and ensuring continued compliance with this Plan of Correction.

All corrective actions will be completed by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Not Implemented [redacted] - 04/17/2026)

107c - Food/Water 3 Day Supply

4. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On [redacted] the home served 88 residents requiring 264 gallons of emergency drinking water. However, the home had only 236 gallons of emergency water on site. The home's emergency water letter does not include the following:

- The amount of water to be delivered
- A guarantee that the water will be delivered immediately upon request (or within a time frame to ensure the home has enough water for 1 gallon per resident for three days)
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency

Plan of Correction

Accept [redacted] - 04/09/2026)

On 2/24/2026, the home (admin) purchased the additional 102 gallons needed to reach the required 264 gallons of drinking water. Delivery was 2/27/2026

Inventory logs were updated to reflect current stock. All emergency water is now stored in a clearly labeled, centrally accessible emergency storage area.

To prevent recurrence: Monthly Water Inventory Checks: The admin/designee will verify: total gallons on site.

Condition and expiration dates of bottled water. Census based water calculation. Census Driven Water Requirement Updates:

For every census change, required gallons will be recalculated and updated within 24 hours.

On 4/10/2026 dietary staff responsible for emergency supplies will be re educated by admin/designee on: Regulatory requirement of 1 gallon per resident per day for 3 days. How to calculate required total gallons. Proper documentation and verification of water inventory. How to request emergency vendor assistance.

107c - Food/Water 3 Day Supply (continued)

Documentation will be kept. The Administrator or designee will conduct quarterly audits of the emergency water supply for one year starting 3/26/2026. Any discrepancies will be corrected immediately and documented. Compliance findings will be reviewed during monthly Safety Committee meetings. All corrective actions will be fully completed by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Not Implemented (JK - 04/17/2026)

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

The initial medical evaluation completed [redacted] for resident [redacted], admitted [redacted], did not indicate if the resident's needs can be met safely at the Personal Care Home or if the resident is Nursing Facility Clinically Eligible. Services to be provided at home or in nursing facility. This section was blank.

Repeat violation [redacted] et al.

Plan of Correction

Accept [redacted] - 04/09/2026

On 2/24/2026 the resident's physician was contacted by the health director and the missing section regarding: Whether the resident's needs can be safely met at the Personal Care Home, and whether the resident is Nursing Facility Clinically Eligible was completed and returned. The corrected medical evaluation form was placed in Resident #2's medical record. A full audit of all residents admitted within the last 12 months will be completed by the Compliance Director by 4/30/2026 to ensure all medical evaluations include: All 10 required elements Complete physician documentation. The required determination regarding safe placement. All missing or incomplete items were corrected through physician follow-up. On 3/10/2026, the Administrator or designee provided re-education to all staff involved in the admission process, including required components of the Department-specified medical evaluation form. How to verify completeness of all 10 required medical evaluation elements prior to admission. Procedures for returning incomplete forms to providers for correction before the resident is officially accepted. Documentation standards for maintaining compliance Attendance was documented with sign-in sheets. The admission process has been updated to include: A Medical Evaluation Review Checklist that must be completed before admission is finalized. A requirement that no resident may be admitted without a fully completed medical evaluation addressing all 10 regulatory elements. A system for tracking the due dates of medical evaluation forms to ensure timely submission and review. Starting 3/26/2026, For the next 60 days, the Administrator or designee will review all newly received medical

141a 1-10 Medical Evaluation Information (continued)

evaluations to ensure complete compliance prior to admission. After the 60-day period, quarterly audits will be incorporated into the facility's Quality Assurance Program to ensure ongoing adherence to requirement 2600.141(a). All corrective actions will be fully implemented by 4/15/2026

Licensee's Proposed Overall Completion Date: 04/15/2026

Not Implemented [REDACTED] - 04/17/2026)

141b1 - Annual Medical Evaluation**6. Requirements**

2600.

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

Description of Violation

The annual medical evaluation completed [REDACTED] for resident [REDACTED] admitted [REDACTED] did not indicate if the resident's needs can be met safely at the Personal Care Home or if the resident is Nursing Facility Clinically Eligible. Services to be provided at home or in nursing facility. This section was blank.

Plan of Correction

Accept [REDACTED] - 04/09/2026)

On 2/24/2026 the resident's physician was contacted by health director and provided with the incomplete medical evaluation form. The physician completed the missing section regarding: The resident's ability to be safely served in the Personal Care Home. The corrected form was returned and filed in Resident #3's medical record. By 4/15/2026 the Administrator or designee will completed an audit of all residents' annual medical evaluations to ensure: All required fields are completed. The placement determination is present. Any incomplete evaluations found during the audit were sent back to the ordering provider for immediate correction.

On 3/10/2026, staff involved in the assessment, record keeping, and annual update process were retrained by admin on: All required elements of the Department-specified medical evaluation for the importance of ensuring the placement determination section is completed annually. The process for returning incomplete evaluations to the provider before accepting them into the resident's file. Documentation will be kept.

To prevent recurrence, the home has implemented the following: Annual Evaluation Review Checklist. A required checklist must now be completed before filing any annual medical evaluation. The checklist verifies that all 10 elements of 2600.141(a) and the placement determination are present. No annual medical evaluation will be accepted unless all sections are completed.

Starting on 3/26/2026, For the next 60 days, the Administrator or designee will review all incoming annual medical evaluations for completeness. At the end of the 60-day period, compliance checks will shift to quarterly audits as part of the

facility's Quality Assurance Program.

All corrective actions will be completed by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Not Implemented [REDACTED] - 04/17/2026)

171b5 - First Aid Kit**7. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 2/24/26 at 2:00 p.m., the first aid kit in the home's van used to transport residents did not include the following:

171b5 - First Aid Kit (continued)

disposable gloves, antiseptic, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Plan of Correction

Accept [redacted] - 04/09/2026)

On 2/24/2026 the back up first aide kit that was prepared was placed in the van's to bring it into full compliance with §2600.96. The kit was inspected and verified by the licenses inspector the same day. The driver scheduled for transport on 2/24/26 was counseled on the requirement for a complete first aid kit in any vehicle used for resident transport by admin.

On 4/10/2026 all transportation staff, activity staff, nurses, and any personnel who may operate a resident transport vehicle were re-educated by admin on: The required contents of a first aid kit per §2600.96. Procedures for reporting missing or low-stock first aid supplies. The expectation that the vehicle's first aid kit must be checked before each transport outing. Documentation will be kept.

To prevent recurrence, the following procedural changes have been implemented: Transportation Vehicle Readiness Checklist. A required checklist must now be completed weekly by the driver verifying: First aid kit present. First aid kit fully stocked. Emergency supplies accessible. The checklist will be turned in to the Administrator or designee at the end of each transport week.

The Maintenance/driver will conduct a monthly inventory of the transportation first aid kit and replenish items as needed. A log will be maintained documenting verification and restocking dates.

Starting on 3/26/2026, the Administrator or designee will perform random audits twice per month for 60 days to ensure first aid kits remain complete. After 60 days, checks will transition to quarterly audits as part of the facility's Quality Assurance Program.

Any noncompliance discovered during audits will result in immediate corrective action and retraining.

All corrective actions will be fully completed by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [redacted] - 04/17/2026)

224a - Preadmission Screen Form

8. 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

Resident [redacted] was admitted to the home on [redacted]. However, the preadmission screening dated [redacted] did not include a determination that the needs of the resident could be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 04/09/2026)

On 2/24/2026 the incomplete preadmission screening form for Resident [redacted] was returned to the assessing staff member for correction. The missing determination—verifying that Resident # [redacted] needs can be met by the services provided by the home—was completed and added to the resident record. The updated form has been filed in Resident [redacted]'s chart.

Starting 3/26/2026, the Administrator or designee conducted a full review of all residents admitted within the last 12 months. This will be completed by 4/30/2026. All preadmission screening forms were checked to ensure: The screening was completed within 30 days prior to admission, and the determination regarding the home's ability to meet the resident's needs was

224a - Preadmission Screen Form (continued)

clearly documented. Any incomplete forms were returned for immediate correction.

On 4/10/2026 all staff responsible for admissions were retrained on the regulatory requirement in 2600.224(a). The purpose and importance of the preadmission screening. Ensuring the determination of the home's ability to meet the resident's needs is: Completed, Documented, and Reviewed before admission is finalized. The procedure for rejecting incomplete forms and requesting revisions from the assessor. Documentation will be kept

To prevent recurrence, the home has implemented the following changes:

Preadmission Screening Checklist; A new checklist must now be completed before admission approval. The checklist includes verification that: The preadmission screening is dated within 30 days before admission. The yes/no determination regarding the home's ability to meet the resident's needs is fully completed. Admissions Packet Review Step: No resident may be admitted unless the Administrator or designee signs off confirming that the preadmission screening is complete and compliant.

For the next 60 days, starting 3/26/2026 the Administrator or designee will review all completed preadmission screenings prior to admission. After the 60-day period, quarterly audits of admission records will occur as part of the facility's Quality Assurance Program. Any deficiencies will result in immediate retraining and correction.

All corrective actions will be completed by 4/15/2026

Licensee's Proposed Overall Completion Date: 04/15/2026

Not Implemented [redacted] - 04/17/2026)