

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

June 30, 2026

[REDACTED], VICE PRESIDENT OF OPERATIONS
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]

RE: REVELLE OF BUCKS COUNTY
SENIOR LIVING
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2026, 03/17/2026 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: REVELLE OF BUCKS COUNTY SENIOR LIVING **License #:** 14855 **License Expiration:** 05/28/2026
Address: 945 YORK ROAD, WARMINSTER, PA 18974
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: DRI/HEARTIS BUCKS COUNTY LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/02/2021 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 81 **Waking Staff:** 61

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 03/17/2026

Inspection Dates and Department Representative

03/16/2026 - On-Site: [REDACTED]
03/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100		Residents Served: 55	
Special Care Unit			
In Residence: Yes	Area: Memory Care Unit	Capacity: 30	Residents Served: 20
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 55	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 26		Have Physical Disability: 0	

Inspections / Reviews

03/16/2026 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/17/2026

04/21/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 05/16/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/26/2026

Inspections / Reviews (*continued*)

04/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2026

06/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

28e Refund - death

1. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The residence shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed from [REDACTED] room on [REDACTED]. However, the residence did not refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room was cleared of the resident's personal property. The refund was paid on [REDACTED].

Plan of Correction

Accept ([REDACTED]) - 04/24/2026

Community unable to correct for Resident #1. The refund for resident #1 was issued on [REDACTED]. By 4/30/2026, the Residence Director shall educate the Business Office Manager-upon hire and Assistant Residence Director on the requirements of 2800.28e. Documentation shall be kept.

Starting on 4/13/2026, the Assisted Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.28e will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED]) - 06/30/2026

28f Refund - within 30 days

2. Requirements

2800.

28.f. Within 30 days of either the termination of service by the residence or the resident's leaving the residence, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the residence by the resident or a refund owed the resident by the residence. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 moved out of the residence on [REDACTED]. Resident #2's personal belongings were removed from [REDACTED] room on [REDACTED]. However, the residence did not refund the remainder of previously paid charges to the resident within 30 days from the date the room was cleared of the resident's personal property. The refund was paid on [REDACTED].

Plan of Correction

Accept ([REDACTED]) - 04/24/2026

Community unable to correct for Resident #2. The refund for resident #2 was issued on [REDACTED].

28f Refund - within 30 days (continued)

By 4/30/2026, the Residence Director shall educate the Business Office Manager-upon hire and Assistant Residence Director on the requirements of 2800.28f. Documentation shall be kept.

Starting on 4/13/2026, the Assistant Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.28f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

42c Dignity/Respect

4. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On different occasions staff person A made comments to Resident 4 that made the resident feel uncomfortable. Sometime in October 2025, staff person A was putting resident 4's laundry away and the staff person commented about the resident wearing Victoria's Secret panties. On another occasion, resident 4 was walking down the hallway, and staff person A asked the resident to come and sit on [redacted] lap.

Plan of Correction

Accept () - 04/21/2026

On [redacted] Staff person A was place on suspension by the Residence Director when the allegation was reported on [redacted] Staff person A was terminated upon the outcome from the state annual inspection survey as allegation was deemed founded.

By 4/30/2026, the Residence Director, or designee, re-educate current staff on Dignity/Respect on compliance with 2800.42c. Documentation shall be kept.

Beginning 4/20/2026, the Residence Director, or designee, will visit with 10 residents weekly for 4 weeks to ensure residents are being treated with dignity and respect. Any report of a resident not treated with dignity/respect shall result in immediate suspension of the staff and reporting per requirements. Documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.42c will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented () - 06/30/2026

65g Initial direct care training

5. Requirements

2800.

65g Initial direct care training (continued)

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the residence.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. The signs and symptoms of infections and infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
 - xvii. Behavioral management techniques.
 - xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
 - xix. Person-centered care and aging in place.

Description of Violation

Direct care staff person B did not complete the Department approved direct care training course and passing of the competency test. Direct care staff person B has been providing unsupervised assisted living services since [REDACTED] without having completed the training.

Direct care staff person C did not complete the Department approved direct care training course and passing of the competency test. Direct care staff person C has been providing unsupervised assisted living services since [REDACTED] without having completed the training.

Plan of Correction

Accept [REDACTED] - 04/21/2026)

On 3/27/2026, The Residence Director obtained a copy of the Initial Department approved Direct Care Training and competency test from staff person B. Documentation shall be kept.

On 4/15/2026, Staff person C is still pending receipt of the certification. Staff removed from the schedule until certification is obtained.

By 4/30/2026, The Residence Director, Assistant Residence Director or designee will educate the Business Office Manager upon hire on 2800.65g. Documentation shall be kept.

By 4/30/2026, the Residence Director, or designee shall audit associate files to ensure direct care staff meet requirements of 2800.65g. Staff with files that do not meet requirements shall be removed from providing assisted living services until the requirement is met. Any files found not in compliance will be brought to compliance and

65g Initial direct care training (continued)

noted the correction is due to auditing for plan of correction for survey date 3/16/2026. Documentation shall be kept. Beginning 4/20/2026, the Residence Director, or designee, shall audit new hire associates for meeting 2800.65g weekly for 2 weeks and then monthly for 2 months. Documentation shall be kept. On 4/22/2026, the above audit findings for 2800.65g will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

65j Annual training content

6. Requirements

2800.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

Plan of Correction

Accept () - 04/21/2026

Community is unable to correct 2025 trainings for staff member A. This staff person has not worked at the residence since [redacted]

By 4/30/2026, the Residence Director educated the Business Office Manager-upon hire on the requirements of 2800.65j. Documentation shall be kept.

Starting 4/30/2026, The Business Office Manager or designee shall monitor training completion of associates monthly. Associates not in compliance shall be addressed and brought into compliance before the end of 2026.

On 4/22/2026, the above audit findings for 2800.65j will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

The community acknowledges the citation related to Staff Member A not completing required training for 2025.

Through our internal audit and reconciliation process, we confirmed the following: Staff Member A was suspended on [redacted]

[redacted] Due to suspension related to 2800.42c, Staff member A was not able to complete the required training and did not work. Staff Member A was terminated on [redacted]

Based on the supporting documentation, we respectfully request that this violation be withdrawn. (Exhibit: Staff Member A suspension)

65j Annual training content (continued)

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

81b Resident equip – good repair

7. Requirements

2800.

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

On 3/16/26 at 10:05 a.m., an enabler with an opening that measures 16" wide by 6" high [REDACTED] for resident 5 has an improper cover; the cover is not secure.

On 3/16/26 at 10:09 a.m., an enabler with an opening that measures 24" wide by 6" high [REDACTED] for resident 6 has an improper cover; the cover does not fit the enabler.

On 3/16/26 at 10:15 a.m., an enabler with an opening that measures 16" by 24" [REDACTED] for resident 7 has an improper cover; the cover does not fit the enabler. The enabler was pulled out, creating a 20" entrapment zone.

On 3/16/26 at 10:17 a.m., an enabler with an opening that measures 16" by 8" [REDACTED] for resident 8 was not covered.

Plan of Correction

Accept () - 04/24/2026

Upon notification by surveyor, the Bedside mobility devices were covered/secured to resident #5, resident #6, resident #7, and resident #8 bed enablers by the Health Care Director and Maintenance Director. On 3/16/2026, the Maintenance Director and Healthcare Director reviewed remaining bedside mobility devices, no further issues noted. By 4/30/2026, the Residence Director, or designee shall educate Health Care Director and Maintenance Director on regulation 2800.81b and proper installation and covering of bed mobility devices, documentation shall be kept. The Health Care Director will educate the care staff and housekeeping staff on regulation 2800.81b by 5/8/2026. Documentation shall be kept.

Beginning 4/17/2026, the Health Care Director, or designee will audit bed mobility devices for compliance with 2800.81b, weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented () - 06/30/2026

82c Locked poisons

8. Requirements

2800.

82c Locked poisons (continued)

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

Description of Violation

On 3/16/26 at 9:51am, roll-on antiperspirant and Icy Hot with a manufacturer's label indicating "If accidentally swallowed, seek medical help and contact Poison Control Center right away" were unlocked, unattended, and accessible to resident 4. Not all the residents of the residence, including resident #4, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 04/24/2026)

On 3/16/2026, upon notification by surveyor, the Memory Care Director notified Resident #4 family and removed the poisonous materials.

On 3/16/2026, The Memory Care Director has conducted an audit of memory care apartments for compliance with 2800.82c. Identified poisonous materials resulted in communication with family and locking or removing the identified materials. Documentation shall be kept.

By 4/30/2026, Residence Director, or designee, will provide education to the Memory Care Director and current staff on 2800.82c. Documentation shall be kept

Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.82c weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ - 06/30/2026)

103e Leftovers

9. Requirements

2800.

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 3/16/26 at 9:59 a.m., there was an unlabeled/undated bag of frozen fish in the main kitchen walk-in freezer.

Plan of Correction

Accept (█ - 04/21/2026)

On 3/16/2026 the bag of non-cooked frozen fish was immediately labeled and dated during site visit.

On 3/16/2026, the Chef audited items in the walk-in freezer for compliance with 2800.103e. No other items were found not in compliance.

By 4/30/2026, The Residence Director, or designee, will re-educate the Dining Services Director and dining staff on the requirements of 2800.103e. Documentation shall be kept.

Starting 4/17/2026, The Dining Services Director will audit leftover food items stored in the walk-in freezer weekly for 4 weeks. Any food found not labeled or dated will immediately be corrected as per 2800.103e.

On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality

103e Leftovers (continued)

Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

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

Implemented () - 06/30/2026

105f Clothing laundering

10. Requirements

2800.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

On 3/16/26 at 10:01 a.m., a t shirt, two towels, and two washcloths were found in the residence's main commercial laundry on the counter. It could not be determined which resident these items belonged to.

Plan of Correction

Accept () - 04/24/2026

At time of survey on 3/16/2026, the unlabeled laundry found in the commercial laundry room was identified and returned to the right resident by the Memory Care Director.

By 4/17/2026, Designated tags to be purchased by the Residence Director for laundry labeling and used in the laundry room.

Beginning 4/20/2026, Health Care director or designee shall educate care staff on regulation 2800.105f and the use of laundry labeling in the laundry room, documentation shall be kept.

Beginning 4/20/2026, the Health Care Director, Memory Care Director or designee will check the commercial laundry room for properly labeled laundry weekly X 4 weeks, documentation shall be kept.

On 4/22/2026, the above audit findings for 2800.105f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented () - 06/30/2026

107d Procedure EMA submission

11. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's current written emergency procedures was submitted to the local emergency management agency on 1/20/2026. However, the previous written emergency procedures plan was submitted on 11/01/2024.

Plan of Correction

Accept () - 04/21/2026

Community unable to correct submission of the 2025 emergency procedure plan. The emergency procedure was

107d Procedure EMA submission (continued)

submitted for 2026 on 1/20/2026.

By 4/30/2026, The Regional Operations Specialist, or designee will educate the Residence Director and the Assistant Residence Director on 2800.107d. Documentation shall be kept.

The Residence Director or Assistant Residence Director will create a calendar invitation to ensure written emergency procedures are reviewed and approved by the local emergency management agency annually during the 3rd quarter 2026 QMPI meetings for 2027 compliance with emergency procedure EMA submission.

On 4/22/2026, the above corrections for 2800.107d will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

141a Medical evaluation**12. Requirements**

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident #4, dated [REDACTED] does not include a general physical examination by a physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

The medical evaluation for resident #9, dated [REDACTED], does not include a general physical examination by a physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

The medical evaluation for resident #10, dated [REDACTED], does not include a general physical examination by a physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

141a Medical evaluation (continued)

Plan of Correction

Accept () - 04/21/2026

On 3/16/2026, Health Care Director received verbal permission from the resident's health care provider to correct the ADMEs for residents #4, #9, and #10 and documented for auditing purposes in accordance with 2800.141a. By 4/30/2026, The Residence Director, or designee, will re education the Health Care Director and Assistant Health Care Director on 2800.141a. Documentation shall be kept. By 4/30/2026, The Health Care Director, or designee, will do an audit all current residents ADME for compliance with 2800141a. Any ADMEs not in compliance will be brought into compliance immediately following 2800.141a. The following statement will be added to the bottom of the ADME for any medical evaluation found to be out of compliance. "Non compliance identified during medical evaluation audit completed on XXXXXXXX by WHO as part of a plan of correction for survey on 3/16/2026". Documentation shall be kept. On 4/22/2026, the above corrections for 2800.141a will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

183b Medications and syringes locked

13. Requirements

2800.

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 living unit.

Description of Violation

On 3/16/26 at 9:51 a.m., a bottle of Equate Severe Congestion Nasal Mist and a bottle of Thera Tears Dry Eye Therapy prescribed for resident 4 were observed unlocked and accessible in the resident's medicine cabinet.

Plan of Correction

Accept () - 04/24/2026

Upon notification from the surveyor, the Memory Care Director, notified the family and removed medications found in Resident #4 room. It was immediately removed and stored appropriately in the medication room located in the Memory Care unit. By 4/30/2026, the Residence Director, or designee shall educate the Memory Care Director, Health Care Director, and Assistant Health Care Director on 2800.183b. Documentation shall be kept. By 5/8/2026, Health Care Director or Designee will train the Med Techs and Caregivers on regulation 2800.183b. Documentation will be kept. Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.183b weekly for 2 weeks and then monthly for 2 months. Non compliance shall be corrected immediately. Documentation shall be kept. On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/30/2026

187c Refusal to take medication

14. Requirements

2800.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On December 23, 2025, at 8:00 a.m., resident #11 refused to take a scheduled dose of Bumetanide tab 1 mg, Dexametazone Cap 60 mg, Farxiga Tab 5 mg, Mag Oxide Tab 400 mg, Spironolact Tab 25 mg, Metoprolol Tartrate 25 mg Tab, Pot Chloride Tab 10 meq, Sertraline Tab 100 mg, and Clonazepam Tab 0.5 mg. The residence did not report the refusal to the prescriber within 24 hours.

On December 27 and 29 at 8:00 a.m., resident #11 refused to take a scheduled dose of Clonazepam Tab 0.5 mg. The residence did not report the refusal to the prescriber within 24 hours.

On December 23, 24, 26, 27, 28, and 29 at 12:00 p.m., resident #11 refused to take a scheduled dose of Clonazepam Tab 0.5 mg. The residence did not report the refusal to the prescriber within 24 hours.

On December 23, 24, 25, 26, 27, and 28 at 4:00 p.m., resident #11 refused to take a scheduled dose of Clonazepam Tab 0.5 mg. The residence did not report the refusal to the prescriber within 24 hours.

On January 17th, 2026, at 8:00 a.m., resident #11 refused to take a scheduled dose of Bumetanide tab 1 mg, Dexametazone Cap 60 mg, Farxiga Tab 5 mg, Mag Oxide Tab 400 mg, Spironolact Tab 25 mg, Metoprolol Tartrate 25 mg Tab, Pot Chloride tab 10 meq, and Sertraline Tab 100 mg. The residence did not report the refusal to the prescriber within 24 hours.

Plan of Correction

Accept () - 04/21/2026)

Unable to notify provider of Resident #11 refusals due to resident move out on 2/27/2026.

By 4/30/2026, Med Techs shall be educated by the Health Care Director or Assistant Health Care Director on the requirements of 2800.187c. Documentation will be maintained.

Starting on 4/20/2026, The Health Care Director or Assistant Health Care Director will audit the eMAR for refused medication; daily for 14 days and then weekly for 2 weeks. Any refused medication will be reported to the treating physician within 24-hours per 2800.187c. Medication passer who are found to be out of compliance will be pulled from passing medications and reeducated. Documentation shall be kept.

On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/04/2026

Implemented () - 06/30/2026)

190b Insulin injections

15. Requirements

2800.

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

Description of Violation

On 3/07/2026 and 3/08/2026, at 8:00 a.m. and 12:00 p.m., staff person B, who has not successfully completed the Department-approved diabetes patient education program within the past 12 months, administered insulin to resident #10.

Plan of Correction

Accept (█) - 04/24/2026

On May 8, 2026, Staff person B shall receive Diabetes training again by a Certified Diabetic Care and Education Specialist. Staff person B will not participate in any diabetes medication administration until appropriate certification can be obtained.

By 4/30/2026, the Residence Director shall educate the Health Care Director on the requirements of 2800.190b. Documentation shall be kept.

By 4/30/2026, the Residence Director, or designee, shall, audit the personnel files of medication techs for compliance with 2800.190b. Any staff files found not in compliance will be brought into compliance by 5/30/2026. Med Tech not having the appropriate documentation will not administer insulin to residents until confirmation and documentation is received. Documentation will be maintained.

On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 06/30/2026

234b Support plan - elements

16. Requirements

2800.

234.b. Plan requirements.

1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.
2. The rehabilitation and support plan for residents of a special care unit for INRBI must identify the residents' emotional and behavioral needs.

Description of Violation

Resident #4's support plan, dated █, indicated that the resident needed full assistance when using the phone, but it did not address the description of the service required or the plan for providing it. The support plan does not specify the resident's need for assistance in understanding instructions.

234b Support plan - elements (continued)

Plan of Correction

Accept (█ - 04/21/2026)

On 3/17/2026, the Health Care Director reviewed and updated Resident #4 support plan to include resident's needs for assistance with using the telephone. Documentation shall be kept.

By 4/30/2026, The Residence Director, or designee, will educate the Health Care Director and Assistant Health Care Director on 2800.234b. Documentation shall be kept.

By 5/8/2026, the Health Care Director, or designee, will audit the support plans of current residents to validate compliance with 2800.234b. Any non-compliance shall be corrected in accordance with 2800.234b. Documentation shall be kept.

On 4/22/2026, the above corrections for 2800.234b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented (█ - 06/30/2026)