



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 10, 2026

[REDACTED]
Ebony's Enterprises
[REDACTED]

RE: Ebony's Personal Care
2521 Versailles Avenue
McKeesport, Pennsylvania 15132
License/COC #: 456342

[REDACTED]:
As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 16, 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 456341) 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) and 55 Pa. Code § 20.71(a)(2); (3); (4); (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from JUNE 10, 2026 to DECEMBER 10, 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.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					

60(a)	II	16	\$5	\$80	5 calendar days from mailing date of this letter
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A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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:

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


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:



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

Facility Information

Name: EBONY'S PERSONAL CARE **License #:** 45634 **License Expiration:** 06/12/2026
Address: 2521 VERSALLIES AVE, MCKEESPORT, PA 15132
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: EBONYS ENTERPRISES
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 **Date:** 04/10/2025 **Issued By:** City of McKeesport
Type: Other **Date:** 11/20/1996 **Issued By:** City of McKeesport

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 16 **Waking Staff:** 12

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional **Exit Conference Date:** 03/16/2026

Inspection Dates and Department Representative

03/16/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 16

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 **Are 60 Years of Age or Older:** 16
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/16/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** Document Submission **Follow Up Date:** 05/05/2026

05/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The following license inspection summaries were not posted in a conspicuous and public place in the home:

- License inspection summary, dated [REDACTED]
- License inspection summary, dated [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/23/2026)

DIRECTED: By 4/27/26: The administrator shall post the license inspection summaries, dated 11/19/25 and 10/20/25 in a conspicuous and public place in the home. [REDACTED] 4/23/26

DIRECTED: Beginning on 5/1/26, then monthly thereafter: The administrator shall inspect the home monthly to ensure all items specified in 2600.3c are posted in a conspicuous and public place in the home. [REDACTED] 4/22/26

Directed Completion Date: 05/01/2026

Implemented ([REDACTED] - 05/06/2026)

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

No high school diploma, GED or active registry status on the Pennsylvania nurse registry was present for direct care staff person A, hired [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall obtain qualifications specified in 2600.54a from direct care staff person A. If the qualifications are not provided by direct care staff person A, direct care staff person A shall immediately be removed from providing direct care to residents. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall review all current direct care staff records to ensure documentation of qualifications specified in 2600.54a are present in each direct care staff person's record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new hire checklist to ensure qualifications specified in 2600.54a are obtained at the time of hire for all newly-hired direct care staff persons. Copies of the completed checklists shall be kept in each direct care staff person's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented ([REDACTED] - 05/06/2026)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] from approximately 9:00am through 10:15am, there was no staff person present in the home who is qualified to administer medications.

During the following dates/times, there was no staff person present in the home who is qualified to administer medications:

- On [redacted] from approximately 9:00am through 10:15am
- On [redacted] from approximately 7:00pm through [redacted] at approximately 7:00am
- On [redacted] from approximately 7:00pm through [redacted] at approximately 7:00am

During these days, there were numerous residents present in the home who are unable to self-administer medications and are prescribed pro re nata (PRN) medications, to include residents [redacted] and [redacted]

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 04/23/2026)

DIRECTED: Beginning on 4/27/26: The administrator/designee shall review the direct care staffing schedule daily to ensure compliance with 2600.60a, which includes ensuring a direct care staff person who is qualified to administer medications is present in the home at all times. [redacted] 4/23/26

Directed Completion Date: 04/27/2026

Not Implemented [redacted] 05/06/2026)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from approximately 9:00am through 10:15am, there was no staff person present in the home who is currently trained in first aid and certified in obstructed airway techniques and CPR.

On the following dates and times, there was no staff person present in the home who is currently trained in first aid and certified in obstructed airway techniques and CPR:

- On [redacted] from approximately 7:00am through 7:00pm
- On [redacted] from approximately 7:00am through 7:00pm
- On [redacted] from approximately 7:00am through 7:00pm
- On [redacted] from approximately 7:00am through 7:00pm
- On [redacted] from approximately 7:00am through 7:00pm

63a First Aid/CPR Training (continued)

During these dates/times, there were approximately 16 residents present in the home.

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: Beginning on 4/27/26: The administrator/designee shall review the direct care staffing schedule daily to ensure a staff person who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. [REDACTED] 4/23/26

Directed Completion Date: 04/27/2026

Not Implemented [REDACTED] - 05/06/2026)

65a - FS Orientation 1st Day

5. Requirements

2600.

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

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

Description of Violation

Direct care staff person C was hired on [REDACTED]; however, did not receive orientation on any of the topics specified in 2600.65a until [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/1/26: The administrator shall educate direct care staff person C on all topics specified in 2600.65a. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator will review all current staff person records to ensure all staff persons have received orientation on all topics specified in 2600.65a. Documentation of the orientation shall be kept in each staff person's record. [REDACTED] 4/23/26

65a - FS Orientation 1st Day (continued)

DIRECTED: By 5/1/26: The administrator shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive orientation on all topics specified in 2600.65a prior to or during their first workday. Copies of the completed checklists shall be kept in each direct care staff person's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

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

- 1. Resident rights.
- 2. Emergency medical plan.

Description of Violation

Direct care staff person C, hired on [REDACTED], did not receive orientation on the following topics:

- Resident rights
- Emergency medical plan

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/1/26: The administrator shall educate direct care staff person C on resident rights and the emergency medical plan. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator will review all current staff person records to ensure all staff persons have received orientation on all topics specified in 2600.65b. Documentation of the orientation shall be kept in each staff person's record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive orientation on all topics specified in 2600.65b within 40 scheduled working hours. Copies of the completed checklists shall be kept in each direct care staff person's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

65d - Initial Direct Care Training

7. Requirements

65d - Initial Direct Care Training (*continued*)

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], has not completed and passed the Department-approved direct care training course and pass the competency test. Direct care staff person A regularly provides unsupervised ADL services to residents, including on [REDACTED].

Plan of Correction**Directed** [REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure direct care staff person A has successfully completed and passed the Department-approved direct care training course and passed the competency test. If direct care staff person A has not successfully completed the Department-approved direct care training course, direct care staff person A shall immediately be removed from providing unsupervised direct care services to residents. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall review all current direct care staff records to ensure documentation is present indicating all direct care staff persons have successfully completed and passed the Department-approved direct care training course and passed the competency test. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new hire checklist to ensure qualifications specified in 2600.65d are obtained at the time of hire for all newly-hired direct care staff persons. Copies of the completed checklists shall be kept in each direct care staff person's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

82c - Locking Poisonous Materials

8. 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

At approximately 10:00am, numerous products with manufacture labels indicating to "Contact poison control or seek medical attention if ingested" were unlocked, unattended and accessible to residents in the kitchen cleaning supply closet, to include the following:

- A 24 oz. spray bottle of Urine gone
- A 32 oz. bottle of Easy-off degreaser
- A gallon bottle of Spotless ATR all temperature rinse aid
- A gallon bottle of Chlor-glo bleach

At 10:14am, 2 cans of paint with manufacture labels indicating to "Contact poison control if ingested" were unlocked, unattended and accessible to residents in the basement laundry area.

82c - Locking Poisonous Materials (continued)

Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction, then weekly thereafter: The administrator/designee shall inspect the entire home, including the kitchen cleaning supply closet, to ensure all poisonous materials are kept in an area that is locked. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all current staff persons that all poisonous materials shall be kept in an area that is locked. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

96a - First Aid Kit

9. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 2:24pm, no tweezers were present in the home's first aid kit, located in the kitchen.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed ([REDACTED] 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction, then monthly thereafter: The administrator/designee shall inspect the home's first aid kit to ensure all items specified in 2600.96a, including tweezers, are present in the first aid kit. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all staff persons on the items that are required to be present in the first aid kit, as well as the home's procedures for immediately replacing items that are taken from the first aid kit. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

101j7 - Lighting/Operable Lamp

10. 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.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

At approximately 9:40am, no operable lamp or other source of lighting was present at resident [REDACTED]'s bedside.

Plan of Correction

Directed [REDACTED] - 04/23/2026

DIRECTED: By 4/27/26, then monthly thereafter: The administrator/designee shall inspect all resident bedrooms, including resident [REDACTED]'s bedroom, to ensure each resident has an operable lamp or other source of lighting present at each resident's bedside. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re educate all staff persons on the requirements of 2600.101j7. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

11. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At approximately 9:45am, there was no grab bar, handrail or assist bar present at the 1st floor common bathroom toilet.

Plan of Correction

Directed [REDACTED] - 04/23/2026

DIRECTED: By 4/27/26, then monthly thereafter: The administrator/designee shall inspect all bathrooms, including the 1st floor common bathroom, to ensure compliance with 2600.102d. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re educate all staff persons on the requirements of 2600.102d. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026

103g - Storing Food

12. Requirements

2600.

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

Description of Violation

At 10:13am, there was an open unsealed bag of 12 meat patties present in the basement Philco freezer.

REPEAT VIOLATION: [REDACTED]

103g - Storing Food (continued)

Plan of Correction

Directed [redacted] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall inspect the entire home, including all refrigerators/freezers, to ensure compliance with 2600.103g. [redacted] 4/23/26

DIRECTED: Beginning on 5/1/26: The administrator/designee shall inspect all food storage areas daily for 1 month then weekly thereafter to ensure compliance with 2600.103g. [redacted] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all staff persons on the requirements of 2600.103g. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [redacted] - 05/06/2026)

132c - Fire Drill Records

13. Requirements

2600.

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

Description of Violation

The home's fire drill records for the following fire drills do not include the exact time the fire drill was started and indicate the fire drills were conducted at the top of each hour:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Directed [redacted] - 04/23/2026)

DIRECTED: By 5/1/26: The administrator shall re-educate all staff persons responsible for conducting fire drills on the requirements of 2600.132c, which includes ensuring documenting the exact time each fire drill begins. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 4/23/26

DIRECTED: Beginning on 5/1/26: The administrator shall review all fire drill documentation monthly to ensure compliance with 2600.132c. [redacted] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [redacted] - 05/06/2026)

132d Evacuation

14. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has no documentation from a fire safety expert within the past year indicating a maximum evacuation time to a public thoroughfare or to a fire-safe area that exceeds 2 minutes, 30 seconds. The evacuation times during the following fire drills exceeded 2 minutes, 30 seconds:

- On [REDACTED] at 1:00am, the evacuation time was 3 minutes, 11 seconds
- On [REDACTED] at 10:00pm, the evacuation time was 3 minutes, 35 seconds

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/1/26: The administrator shall re-educate all current staff persons on the home's fire drill evacuation procedures. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall conduct an unannounced fire drill. Documentation of the fire drill shall be kept in accordance with 2600.132c. [REDACTED] 4/23/26

DIRECTED: Beginning on 5/5/26: The administrator shall review all fire drill documentation at least monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. If no documentation from a fire safety expert is present, the administrator shall ensure all residents evacuated within 2 minutes, 30 seconds. If the fire drill was unsuccessful, the administrator shall provide immediate remediation, which includes increasing staffing levels, and conducting another unannounced fire drill within 5 calendar days. Documentation of all fire drills shall be kept in accordance with 2600.132c. Documentation of the administrator monthly reviews of fire drill records shall be kept for 3 months. [REDACTED] 4/23/26

Directed Completion Date: 05/05/2026

Not Implemented [REDACTED] - 05/06/2026)

133.1 Exit Signs

15. Requirements

2600.

133.1. Exit Signs The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

At 9:53am, there was no exit sign present at the main exit door, located in the living area. The home currently serves 16 residents.

133.1 Exit Signs (continued)

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/1/26, then monthly thereafter: The administrator shall inspect all exit doors, including the exit door located in the living area, to ensure compliance with 2600.133.1. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Implemented [REDACTED] - 05/06/2026)

141a - Medical Evaluation

16. 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.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, resident [REDACTED]'s medical evaluation was completed on [REDACTED], which exceeds 60 days prior to admission.

Resident [REDACTED] was admitted to the home on [REDACTED]; however, resident [REDACTED]'s medical evaluation was completed on [REDACTED] which exceeds 60 days prior to admission.

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/5/26: The administrator shall ensure new medical evaluations are obtained for residents [REDACTED] and [REDACTED]. Copies of the completed medical evaluations shall be kept in the residents' records. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall review all current resident records to ensure each resident has an accurate and complete medical evaluation present in their record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new admission checklist to ensure timely and complete medical evaluations are obtained in accordance with 2600.141a for all newly admitted residents. Copies of the completed checklists shall be kept in each resident's record. [REDACTED] 4/23/26

Directed Completion Date: 05/05/2026

Not Implemented ([REDACTED] - 05/06/2026)

141a 1-10 Medical Evaluation Information

17. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 [REDACTED] medical evaluation, dated [REDACTED], is blank in numerous areas, to include the following:

- Special health or dietary needs
- Body positioning/movement
- Medication regimen. Resident [REDACTED] is currently prescribed numerous medications, to include: [REDACTED] and [REDACTED]
- Special care needs
- A determination by the medical professional who completed resident [REDACTED] medical evaluation indicating resident [REDACTED] needs can be met safely at the personal care home.

Resident [REDACTED]'s medical evaluation, dated [REDACTED], does not include a determination by the medical professional who completed resident [REDACTED] medical evaluation indicating resident [REDACTED]'s needs can be met safely at the personal care home. This section of resident [REDACTED] medical evaluation is blank.

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: By 5/5/26: The administrator shall return residents [REDACTED] and [REDACTED]'s medical evaluations to the medial provider to have them updated to ensure completeness, including ensuring the resident needs can be met safely at the personal care home. Copies of the updated medical evaluations shall be kept in each resident's record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall review all current resident records to ensure each resident has an accurate and complete medical evaluation present in their record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new admission checklist to ensure timely and complete medical evaluations are obtained in accordance with 2600.141a for all newly-admitted residents. Copies of the completed checklists shall be kept in each resident's record. [REDACTED] 4/23/26

141a 1-10 Medical Evaluation Information (continued)

Directed Completion Date: 05/05/2026

Not Implemented (████) - 05/06/2026)

183b - Meds and Syringes Locked

18. 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

At approximately 10:00am, a bottle of ██████████ tablets was unlocked, unattended and accessible on a shelf in the kitchen above the medication cart.

Plan of Correction

Directed (████) 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction, then weekly thereafter: The administrator/designee shall inspect the entire home to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. █████ 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all current staff persons that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked. Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented (████) - 05/06/2026)

184a - Resident's Meds Labeled

19. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident █████ is currently prescribed ██████████ -Instill 1 drop into the right eye twice daily, as well as ██████████ drop-Instill 1 drop into the left eye 3 times daily; however, resident █████'s pharmacy label does not include the instructions for the administration of the eye drops to the right eye.

Plan of Correction

Directed (████) - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure a current and complete pharmacy label is present on resident ██████████ in accordance with the current prescriber's order. █████ 4/23/26

184a - Resident's Meds Labeled (continued)

DIRECTED: Beginning on 5/1/26: The administrator/designee shall audit all medications for at least 3 different residents weekly to ensure accuracy and completeness in accordance with 2600.184a. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all current staff persons qualified to administer medications on the home's medication administration procedures, which includes the home's procedures for updating pharmacy labels immediately upon receipt of a new or change order. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

187a - Medication Record

21. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [REDACTED]'s March 2026 medication administration record (MAR) does not include a diagnoses or purpose for numerous medications, to include the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall review resident [REDACTED]'s current MAR for accuracy and completeness, which includes ensuring a diagnosis or purpose is present for each medication. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator/designee shall review all current resident MAR's for accuracy and completeness in accordance with 2600.187a. [REDACTED] 4/23/26

DIRECTED: Beginning on 5/1/26: The administrator/designee shall review the MAR's for at least 3 different residents weekly to ensure accuracy and completeness in accordance with 2600.187a. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall re-educate all current staff persons qualified to administer medications on the home's medication administration procedures, which includes ensuring accurate and complete MAR's are present in accordance with 2600.187a. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

224a - Preadmission Screen Form

22. 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

No preadmission screening was completed for resident [REDACTED] who was admitted to the home on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall complete a preadmission screening for resident [REDACTED]. A copy of the complete preadmission screening shall be placed in resident [REDACTED]'s record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall audit all current resident records to ensure each resident has an accurate and complete preadmission screening present in their record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall develop and implement a new admission checklist to ensure timely and complete preadmission screenings are completed prior to admission in accordance with 2600.224a for all newly-admitted residents. Copies of the completed checklists shall be kept in each resident's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

225a - Assessment 15 Days

23. 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] assessment, dated [REDACTED] does not include the diagnoses of [REDACTED] and [REDACTED] as indicated on resident [REDACTED] medical evaluation, dated [REDACTED]

Resident [REDACTED] assessment, dated [REDACTED], does not include an assessment of resident [REDACTED] short-term memory needs. This section of resident [REDACTED]'s assessment is blank.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall review and update residents [REDACTED] and [REDACTED] assessment to ensure accuracy and completeness. Copies of the updated assessments shall be placed in each resident's record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall audit all current resident records to ensure each resident has an accurate and complete assessment present in their record. [REDACTED] 4/23/26

225a - Assessment 15 Days (continued)

DIRECTED: By 5/1/26: The administrator shall develop and implement a new admission checklist to ensure timely and complete assessments are completed in accordance with 2600.225a for all newly-admitted residents. Copies of the completed checklists shall be kept in each resident's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)

227d - Support Plan Medical/Dental

24. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED]'s support plan, dated [REDACTED] does not include the specific plan to meet the medical needs for each diagnosis, to include intellectual disability, hypertension, diabetes, anxiety, depression, insomnia, osteoarthritis and constipation. Resident [REDACTED]'s support plan just indicates "med tech will provide any medications or treatment necessary per MD orders" for each diagnosis.

Resident [REDACTED] support plan, dated [REDACTED], does not include the specific plan to meet the medical needs for each diagnosis, to include [REDACTED] and [REDACTED]. Resident [REDACTED]'s support plan just indicates "follow doctors orders" for each diagnosis.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2026)

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall review and update residents [REDACTED] and [REDACTED]'s support plans to ensure accuracy and completeness. Copies of the updated support plans shall be placed in each resident's record. [REDACTED] 4/23/26

DIRECTED: By 5/1/26: The administrator shall audit all current resident records to ensure each resident has an accurate and complete support plan present in their record. [REDACTED] 4/23/26

227d - Support Plan Medical/Dental (continued)

DIRECTED: By 5/1/26: The administrator shall develop and implement a new admission checklist to ensure timely and complete support plans are completed in accordance with 2600.227d for all newly-admitted residents. Copies of the completed checklists shall be kept in each resident's record. [REDACTED] 4/23/26

Directed Completion Date: 05/01/2026

Not Implemented [REDACTED] - 05/06/2026)