pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ELIZABETH SETON CARE CENTER**
LEGAL ENTITY

To operate **ELIZABETH SETON MEMORY CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601**
(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 **24**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

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 **November 4, 2026** until **May 4, 2027**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **445771**

ISSUING OFFICER

Juliet Marsala
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: NOVEMBER 4, 2026

[redacted]
Elizabeth Seton Care Center
129 DePaul Center Road
Greensburg, Pennsylvania 15601

RE: Elizabeth Seton Memory Care Center
License/COC #: 445771

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on March 23, 2026, and July 14, 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 44577) dated September 14, 2026 to September 14, 2027 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST 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) ;(4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from NOVEMBER 4, 2026 to MAY 4, 2027.

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.

If you disagree with the decision to issue a FIRST 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 FIRST PROVISIONAL license, a written request for an appeal must be received within 30 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 31 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: *ELIZABETH SETON MEMORY CARE CENTER* **License #**: *44577* **License Expiration**: *09/14/2026*

Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *ELIZABETH SETON CARE CENTER*

Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA, 15601*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/27/1999* **Issued By**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *03/23/2026*

Inspection Dates and Department Representative

03/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *12*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Seton Memory Care* **Capacity**: *24* **Residents Served**: *12*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

03/23/2026 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/17/2026*

Inspections / Reviews *(continued)*

04/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/01/2026*

05/12/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/27/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/15/2026*

10/05/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/13/26 at approximately 7:00p.m. staff persons A and B were with resident #1 in [redacted] room providing p.m. care. Staff person B was observing and assisting as needed while staff person A was providing direct care to resident #1 performing a brief change. During the brief change staff person A began touching resident #1's [redacted] and asking [redacted] where it hurt. Resident #1 was screaming out for staff person A to stop; however, staff person A did not stop. Staff person B looked down to see what staff person A was doing and observed staff person A using two fingers to spread apart the resident's [redacted]. Staff person B reacted by hitting staff person A's hand away so [redacted] would stop touching resident #1 in that manner. Staff person A stated [redacted] was trying to figure out where the resident was hurting. This incident was observed by staff person B. Staff person B text staff person C at 11:59pm indicating [redacted] had concerns related to another staff and wanted to discuss. Staff person C called staff person B at 11:53a.m on 3/14/26 and reported the allegation of abuse [redacted] witnessed the previous night. This allegation of abuse was not reported until 12:40p.m. on 3/14/26.

Plan of Correction ***Accept [redacted] - 05/12/2026)***

Reinforcement of Immediate Abuse Reporting

The Administrator reinforced the Abuse Reporting Policy to ensure staff understand that "immediate" reporting means no delay upon witnessing or suspecting abuse, regardless of time of day or shift worked. This reinforcement was completed on 4/10/2026 and was posted for all employees to review, sign, and ask questions as needed.

Prohibition of Informal Reporting Methods

The Administrator implemented a prohibition on the use of text messages or other informal communication methods to report suspected abuse. Staff were informed that all allegations or suspicions of abuse must be reported through approved reporting channels in accordance with facility policy. This policy went into effect on 4/10/2026 and was posted for employees to read, sign, and ask questions.

Establishment of Escalation Pathway

The Administrator established a clear escalation pathway requiring staff to notify the Administrator or Administrator Designee if a supervisor is unavailable. Staff were educated that reporting requirements are not delayed when supervisory staff are unavailable. This process was implemented on 4/10/2026 and was posted for employees to read, sign, and ask questions.

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented [redacted] - 10/05/2026)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/13/26 at approximately 7:00p.m. staff person A and staff person B were with resident #1 in [redacted] room providing p.m. care. Staff person B was observing and assisting as needed while staff person A was providing direct care to resident #1 performing a brief change. During the brief change staff person A began touching resident #1's [redacted] and asking [redacted] where it hurt. Resident #1 was screaming out for staff person A to stop; however, staff person A did not stop. Staff person B looked down to see what staff person A was doing and observed staff person A using two fingers to spread apart the resident's [redacted]. Staff person B reacted by hitting staff person A's hand away so [redacted] would stop touching resident #1 in that manner. Staff person A stated [redacted] was trying to figure out where the resident was hurting.

Plan of Correction ***Accept [redacted] - 04/24/2026)***

Immediately upon being made aware of the incident, the residence took action to protect the resident's health, safety, and well-being. The staff person responsible for the abuse (Staff Person A) was immediately suspended from all resident care duties pending investigation. Following the investigation, Staff Person A's employment was terminated effective [redacted], 2026.
The resident was promptly assessed by staff monitored for physical and emotional well-being and continued to receive appropriate care in a respectful and dignified manner. The residence ensured the resident was not exposed to further risk. An hourly check sheet has been made to check residents' wellbeing.

Root Cause Analysis

Failure of Staff Person A to adhere to standards of professional boundaries and resident dignity
Lack of proper clinical judgment during personal care

Corrective Measures Implemented to Prevent Recurrence
To prevent future occurrences, the residence implemented the following measures:

Reinforced the zero-tolerance policy for abuse, mistreatment, or inappropriate touch
Revised personal care protocols to emphasize resident consent, dignity, and immediate cessation of care if a resident resists or shows distress

Staff Education and Training

All staff will receive mandatory re-education on:

Resident rights and dignity
Definitions and examples of abuse and mistreatment
Appropriate personal care techniques
Respecting resident verbal and non-verbal cues
Immediate intervention and reporting responsibilities when abuse is witnessed

42b - Abuse (continued)

This training will be provided to all current staff and incorporated into new employee orientation. Attendance and completion will be documented.
Additionally, the residence has scheduled two in-person mandatory abuse reporting and prevention training sessions conducted by the Area Agency on Aging on March 24, 2026, and March 27, 202

Licensee's Proposed Overall Completion Date: *04/27/2026*

Not Implemented [redacted] - 10/05/2026)

183b - Meds and Syringes Locked

4. 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 3:13p.m. Medline Remedy Zinc Oxide Paste and Medline Remedy Vitamin A & D Skin Ointment was found in an unlocked and unattended bedside dresser in resident #1's room.

Plan of Correction ***Accept [redacted] - 05/12/2026)***

Revised Monitoring and Compliance Statement
Supervisory staff will conduct weekly audits of resident rooms and storage areas to ensure all poisonous and potentially harmful materials are properly secured and inaccessible to residents. Any unsafe storage identified during audits will be corrected immediately.
Audit findings will be reviewed by administration to confirm corrective actions are implemented and sustained. Monitoring will continue for a minimum of 90 days, with all documentation maintained and available for regulatory review.
3/27/2026
On 3/23/2026 The Administrator and Administrator Designee immediately removed the products from the resident's bedside dresser and secured them in the appropriate designated storage area.
Following this finding, the Administrator and Designee conducted an immediate facility-wide audit, going room to room to inspect each resident's storage area to ensure that no poisonous or potentially harmful products were stored in unlocked or unattended areas. A reminder that all OTC and poisons have to be locked was issued and weekly checks are being done by the administrator.

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented [redacted] - 10/05/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1's March 2026 medication administration record does not include either Medline Remedy Zinc Oxide Paste or Medline Remedy Vitamin A & D Skin Ointment. However, the medication was in the resident's room and according to staff [redacted] receives it as needed.

187a - Medication Record *(continued)*

Plan of Correction ***Accept ([redacted] - 05/12/2026)***

Upon identification of the documentation discrepancy, the residence immediately reviewed Resident #1's medication administration record. The Medline Remedy Zinc Oxide Paste and Medline Remedy Vitamin A & D Skin Ointment were identified as over-the-counter (OTC) treatments that had been administered as needed but were not previously listed on the MAR.
The Vitamin A & D ointment was found to be empty and was discarded. A proper medication label was created for the Medline Remedy Zinc Oxide Paste, including the resident's name and administration directions. The medication was then added to the resident's MAR, and use is now documented each shift as applicable.

The Administrator implemented a long-term quality step to prevent future occurrences by reinforcing the procedure for over-the-counter (OTC) medications, including barrier creams, to ensure that all OTC products are properly authorized, documented on the MAR when required, and stored securely. The reinforced OTC medication procedure went into effect on 3/31/2026 and was posted for all employees to read, sign, and ask any questions.

The Administrator will conduct weekly audits of resident rooms and medication storage areas to ensure compliance with the reinforced OTC medication procedure and to verify that no medications or topical products are stored without proper documentation or authorization. Monitoring will begin on 4/10/2026 and continue through 7/10/2026, with findings documented and corrective action taken immediately if noncompliance is identified.

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented [redacted] - 10/05/2026)

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

Facility Information

Name: *ELIZABETH SETON MEMORY CARE CENTER* **License #:** *44577* **License Expiration:** *09/14/2026*

Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *ELIZABETH SETON CARE CENTER*

Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA, 15601*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *09/27/1999* **Issued By:** *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *22* **Waking Staff:** *17*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date:** *07/14/2026*

Inspection Dates and Department Representative

07/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served:** *11*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Whole Building* **Capacity:** *24* **Residents Served:** *11*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *11*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *11* **Have Physical Disability:** *0*

Inspections / Reviews

07/14/2026 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/04/2026*

Inspections / Reviews *(continued)*

09/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/02/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/24/2026*

09/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/02/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/02/2026*

10/05/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/02/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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 #1 has a history of falls, began receiving hospice services on [redacted]/26, and was admitted to the home on [redacted]/26 from a skilled nursing facility.

Resident #1's resident assessment and support plan, dated [redacted]/26, indicates the resident requires some physical assistance with transferring. To meet this need, staff will assist the resident with all transfers in and out of bed and chair, will ensure the environment is safe, and will remain with the resident throughout the entire transfer to prevent falls and promote stability. Resident #1 requires some physical assistance ambulating. To meet this need, staff will remind [redacted] to use [redacted] walker and provide supervision/assistance during all ambulation to ensure safety and prevent falls. The resident requires some physical assistance with turning and positioning. To meet this need, staff will assist the resident with turning and positioning in bed as needed. Resident #1 requires extensive supervision. To meet this need, staff will provide regular supervision in the home.

On [redacted]26 at approximately 8:00 p.m., resident #1 had an unwitnessed fall in another resident's bedroom. Resident #1 complained of back pain. At 9:00 p.m., the resident was given Acetaminophen 500mg for pain, which was prescribed on 1/5/26; however, administration notes indicated this was not effective. At 10:15 p.m., Hospice assessed the resident, who reported hitting [redacted] head and back. Hospice ordered a chair alarm for the resident; however, the resident was not sent to the hospital. On 6/3/26 at 9:00 a.m., the resident was given Acetaminophen 500mg due to pain; however, administration notes indicate this was not effective. At 11:49 a.m., Hospice was in the home because staff reported the resident was having an increase in pain to [redacted] right side from [redacted] fall the night before. Tylenol was administered. Hospice staff educated staff on using Tylenol and Ibuprofen for pain management. At 1:30 p.m., the resident was given Ibuprofen 600mg due to pain.

From 6/3/26 until 6/6/26, resident #1 was complaining of pain in [redacted] legs and hips. The resident was administered Tylenol and Ibuprofen approximately 5 more times during that period for pain, often being noted as ineffective. On 6/6/26, the home notified Hospice of the resident's pain and ineffective medication. At 1:00 p.m., Hospice was in the home because staff reported the resident continued to complain of increased right leg and right hip pain and was not able to stand. Hospice observed the resident now was unable to bear weight. The resident's [redacted] was notified. A discussion between Hospice and the family occurred about sending the resident to the emergency room for evaluation; however, it was agreed to have a mobile X-ray ordered and completed in the home and additional medication prescribed for pain. The resident's [redacted] indicated if the resident has a fracture, [redacted] will decide if [redacted] wants the resident sent to the emergency room. Hospice called the physician, a mobile X-ray was ordered, and a new medication order was received for Hydrocodone/APAP 5mg/325mg, take 1 every 4 hours as needed for severe pain. On 6/6/26 at 4:30 p.m. and at 9:30 p.m., the resident was given Hydrocodone/APAP 5mg/325mg due to severe pain, and a mobile X-ray was ordered for the resident. The mobile X-ray did not show up at the home, and on 6/7/26 at 7:00a.m.,the resident was given another dose of Hydrocodone/APAP 5mg/325mg due to severe pain. On 6/7/26 at approximately 11:00a.m., the resident was transferred to the hospital and diagnosed with a pelvic fracture. The resident returned to the home the same day. From 6/7/26 until 6/12/26 the resident was documented as being in severe and extreme pain, crying in pain, cannot eat from pain, grimacing, showed signs of pain by yelling out and grabbing [redacted] legs/hips, and moaning out in pain with tears forming in [redacted] eyes. On 6/11/26, at 9:30p.m., the resident began receiving Morphine Sulfate Solution 100units/5ml due to extreme pain and no longer being able to swallow oral tablets. Morphine was administered

42b - Abuse (continued)

every 4 hours until 6/14/26 when the resident began receiving the medication every 2 hours and continued to appear to be in pain. Resident #1 ceased to breathe on resident #1's date of death.

Plan of Correction ***Accept [redacted] - 09/28/2026)***

I discussed this incident with [redacted], and reviewed the facility's expectations regarding changes in resident condition, uncontrolled pain, and the need for emergency medical evaluation or transfer to a higher level of care. During this discussion, I explained that I was unaware that a resident could be sent for medical evaluation when clinically indicated despite a [redacted] declining transfer. The regulations and expectations were clarified with me.

Moving forward, I will immediately report significant changes in condition, uncontrolled pain, inability to bear weight, suspected fractures, or other concerns requiring medical evaluation to the appropriate physician and/or hospice provider. We will follow all facility policies regarding emergency transfers and escalation of care regardless of [redacted] directives.

Effective September 1, 2026, the facility will implement a Higher Level of Care and Emergency Transfer Policy that will be reviewed and signed by the resident's [redacted] or [redacted] upon admission. This policy will outline the facility's responsibility to obtain emergency medical evaluation when clinically indicated, the process for documenting refusals of recommended treatment or transfer, and the circumstances under which emergency services may be contacted to protect resident health and safety. I have reviewed this policy and understand my responsibility to follow it to ensure residents receive timely and appropriate care.

All of our Med techs will be aware of this policy review it and sign that they understand.

Staff were educated on the Higher Level of Care and Emergency Policy, written by the Administrator. Medication Technicians, who are responsible for supervising shifts and determining when residents require transfer to a higher level of care or emergency services, were required to review the policy and sign/date an acknowledgment confirming their understanding of the policy and their opportunity to ask questions.

Policy acknowledgments were obtained from staff as they reported to work following implementation of the policy. At the time of this Plan of Correction, any Medication Technicians who are college students may not have returned to work therefore have not yet completed the acknowledgment. Upon their return to duty, they will review the policy and sign and date the acknowledgment before assuming independent responsibilities. The facility will maintain all signed acknowledgments as evidence of compliance with staff education requirements.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Not Implemented [redacted] - 10/05/2026)

142a - Secure Medical Care

2. Requirements

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 has a history of falls, began receiving hospice services on [redacted]/26, and was admitted to the home on [redacted] from a skilled nursing facility.

Resident #1's resident assessment and support plan, dated [redacted]/26, indicates the resident requires some physical assistance with transferring. To meet this need, staff will assist the resident with all transfers in and out of bed and chair, will ensure the environment is safe, and will remain with the resident throughout the entire transfer to prevent falls and promote stability. Resident #1 requires some physical assistance ambulating. To meet this need, staff will remind [redacted] to use [redacted] walker and provide supervision/assistance during all ambulation to ensure safety and prevent falls. The resident requires some physical assistance with turning and positioning. To meet this need, staff will assist the resident with turning and positioning in bed as needed. Resident #1 requires extensive supervision. To meet this need, staff will provide regular supervision in the home.

On [redacted]/26 at approximately 8:00 p.m., resident #1 had an unwitnessed fall in another resident's bedroom. Resident #1 complained of back pain. At 9:00 p.m., the resident was given Acetaminophen 500mg for pain, which was prescribed on 1/5/26; however, administration notes indicated this was not effective. At 10:15 p.m., Hospice assessed the resident, who reported hitting [redacted] head and back. Hospice ordered a chair alarm for the resident; however, the resident was not sent to the hospital. On 6/3/26 at 9:00 a.m., the resident was given Acetaminophen 500mg due to pain; however, administration notes indicate this was not effective. At 11:49 a.m., Hospice was in the home because staff reported the resident was having an increase in pain to [redacted] right side from [redacted] fall the night before. Tylenol was administered. Hospice staff educated staff on using Tylenol and Ibuprofen for pain management. At 1:30 p.m., the resident was given Ibuprofen 600mg due to pain.

From 6/3/26 until 6/6/26, resident #1 was complaining of pain in [redacted] legs and hips. The resident was administered Tylenol and Ibuprofen approximately 5 more times during that period for pain, often being noted as ineffective. On [redacted]/26, the home notified Hospice of the resident's pain and ineffective medication. At 1:00 p.m., Hospice was in the home because staff reported the resident continued to complain of increased right leg and right hip pain and was not able to stand. Hospice observed the resident now was unable to bear weight. The resident's [redacted] was notified. A discussion between Hospice and the family occurred about sending the resident to the emergency room for evaluation; however, it was agreed to have a mobile X-ray ordered and completed in the home and additional medication prescribed for pain. The resident's [redacted] indicated if the resident has a fracture, she will decide if [redacted] wants the resident sent to the emergency room. Hospice called the physician, a mobile X-ray was ordered, and a new medication order was received for Hydrocodone/APAP 5mg/325mg, take 1 every 4 hours as needed for severe pain. On 6/6/26 at 4:30 p.m. and at 9:30 p.m., the resident was given Hydrocodone/APAP 5mg/325mg due to severe pain, and a mobile X-ray was ordered for the resident. The mobile X-ray did not show up at the home, and on 6/7/26 at 7:00a.m.,the resident was given another dose of Hydrocodone/APAP 5mg/325mg due to severe pain. On 6/7/26 at approximately 11:00a.m., the resident was transferred to the hospital and diagnosed with a pelvic fracture. The resident returned to the home the same day. From 6/7/26 until 6/12/26 the resident was documented as being in severe and extreme pain, crying in pain, cannot eat from pain, grimacing, showed signs of pain by yelling out and grabbing her legs/hips, and moaning out in

142a - Secure Medical Care (continued)

pain with tears forming in her eyes. On 6/11/26, at 9:30p.m., the resident began receiving Morphine Sulfate Solution 100units/5ml due to extreme pain and no longer being able to swallow oral tablets. Morphine was administered every 4 hours until 6/14/26 when the resident began receiving the medication every 2 hours and continued to appear to be in pain. Resident #1 ceased to breathe on resident #1's date of death.

Plan of Correction ***Accept[redacted] - 09/28/2026)***

I spoke with [redacted] regarding this violation and received education on reporting changes in condition, obtaining timely medical care, and facility expectations regarding emergency transfers. I was unaware that residents could be referred for emergency evaluation when clinically indicated despite a [redacted] initial refusal. Moving forward, I will promptly report and document significant changes in condition, notify the appropriate medical providers, follow the Higher Level of Care and Emergency Transfer Policy effective 9/1/2026, and ensure recommended medical care is pursued and appropriately documented.

All of our Med techs will be aware of this policy review it and sign that they understand.

Staff were educated on the Higher Level of Care and Emergency Policy, written by the Administrator. Medication Technicians, who are responsible for supervising shifts and determining when residents require transfer to a higher level of care or emergency services, were required to review the policy and sign/date an acknowledgment confirming their understanding of the policy and their opportunity to ask questions.

Policy acknowledgments were obtained from staff as they reported to work following implementation of the policy. At the time of this Plan of Correction, any Medication Technicians who are college students may not have returned to work therefore have not yet completed the acknowledgment. Upon their return to duty, they will review the policy and sign and date the acknowledgment before assuming independent responsibilities. The facility will maintain all signed acknowledgments as evidence of compliance with staff education requirements.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented[redacted] - 10/05/2026)